REGIMENTED ACTIVITY, OR HOW MEDICINE WAS PREDICATED OF THE WAY OF LIFE:

A HISTORY OF THE PLAGUE IN THE RUSSIAN FAR EAST, 1860-1911

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Abstract

By the late-Imperial period, the response to epidemic diseases such as plague fell within the domain of the emergent professional class of Russian doctors. In the Russian Far East, where plague outbreak was a common occurrence, doctors could exert influence by instituting medicalizing principles in an area relatively free from imperial oversight. Medical authority here took the form of the regimen, a comprehensive medical rubric whose assumptive principles were not limited to the physical body. Instead, the regimen was concerned with regulating the *activity* of the individual to a degree of indiscriminate, specific detail so comprehensive as to be nearly indistinguishable from the processes that guided his or her everyday behavior. In this sense, medicine was concerned with generating new ways of life for individuals fighting plague in the Far East (and elsewhere) which were capable of determining their behavior down to the minutest of their subconscious movements and decisions.

Table of Contents

Chapter 1. Introduction

> The places were hit by the epidemic very strongly, so that even the corpses were not cleaned, and in many villages there remained unharvested bread and empty homes, as it killed all of the inhabitants. Those infected were not only people, but even pets: cats, dogs, rats; often the remaining masses fled from one village to another. The pigs especially suffered from the plague. Many Buddhists have [since then] stopped eating pork.[1]

Here we have, in poignant, brutal reality a snapshot the plague as a terrible force. Throughout the mid nineteenth- and early twentieth-centuries, small outbreaks of plague were very common in the Russian Far East; they hit with regularity throughout the hinterlands bordering the last stretch of the Trans-Siberian Railroad – the Chinese East Railway (CER) - which ran through China's Heliongjiang and Jilin provinces from the northwest city of Manzhouli to the Russian port city of Vladivostok in the southeast. They most always began as an epizootic within one of the many groups of Russia's indigenous land rodents, particularly the tarbagan. So common, in fact, was this association between human plague and the tarbagan population that, while local Mongol nomads and Buriat hunters maintained legends that told of sickened tarbagans striking down healthy people, the ancient Tibetan medical books contained information that fundamentally linked the outbreak of plague among people to the presence of these rodents.[2] Once these infected animals came into contact with a suitable human host, transfer of the bacillus, either through the appropriate, species-specific *Lagomorpha* flea vector or through its presence in airborn water droplets, was assured if the person did not take necessary precautions. After contagion, and upon returning to his or her local hunting community or village, the infected person was then liable to spread the deadly disease to his friends and neighbors. The

[1] Nikolai Kirilov, *Morovaia iazva ili liudskaia chuma na dalnem vostok* (Vladivostok, 1910), 47.
[2] V.V. Suknev, "Chuma I metody ee izucheniia na dalnom vostoke" in *Proizvoditelnye sily dalnego vostoka*, ed. E.M. Chepurkovskii, M.I. Tselishchev, V.M. Savich, P.I. Polevoi, P.M. Pistsov, E.I. Liubarskii, L.V. Krylov, K.A. Gomoiunov, and N.P. Vladimirskii (Khabarovsk, 1927), 141.

resulting outbreak had a devastating effect on social cohesion and frontier life, both in and out of the major cities.

The above quote is a reference to one such minor outbreak, which took place during China's Dungan Revolt (1895-1896) in the northwestern Chinese provinces of Qinghai and Gansu. Similar outbreaks occurred nearly every year, permitting many foreign doctors to comment on the observations they made of the Far Eastern conditions, to identify the causes of epidemic, and to make arguments for their resolution. These doctors, and the narratives on plague and epidemic disease they produced, promoted the development of a modern professional discourse that would have a profound impact on the way medicine was used to control the lives of the people who fell under its jurisdiction. This particular observation was actually made by a *Russian* observer to the outbreak of plague at the very end of the nineteenth-century. This observer shared a particularly *Russian* depiction of plague conditions and later suggested a particularly *Russian* solution. He was the Moscow-educated doctor Nikolai Vasilevich Kirilov, who saw in China, and eventually in the Far East as well, an opportunity to expand principles of good health and disease prevention, and, in doing so, to erase the attributes of deviant ways of life that Russian medicine dictated were incompatible with these principles.[3] Similarly, we will see how the opinions of other plague specialists writing about the Far East – the Russians Petr Shchusev and Doctor Rosliakov, the Malaysian Wu Lien-Teh, and the German Roger Baron Budberg – led to the creation of a grand narrative of plague, and how this narrative strove to regulate the activity of the peoples of the Far East.

Together, this community of medical experts worked together to set some of the basic assumptions of the emerging medical institution. Throughout the late-nineteenth/early-twentieth

[3] By "medicine" here I mean the medical community, its cumulative publications, and the normalizing criteria which set the assumptions for appropriate behavior and activity in the population.

century, some parts of the Russian Far East were highly contested areas, consisting of different zones that various European colonial powers fought for control over. As such, the outbreak of a highly contagious, highly mobile epidemic disease such as plague in these regions warranted a fully international response. Additionally, by the turn of the twentieth-century the world scientific community was becoming engaged in an increasingly transnational conversation concerning the research surrounding and proper implementation of medicine and public health. Such universal interest in the plague was best epitomized by the fact that the plague bacillus, *Yersinia pestis*, was discovered independently by both the French naturalized doctor Alexandre Yersin and the Japanese bacteriologist Kitasato Shibasburo, the knowledge of which was soon disseminated to countries worldwide, including Russia and China.

As a result, the cadre of experts that migrated to the Russian Far East, which made observations on plague conditions there and produced an authoritative body of medical narrative, was characteristically international. This Thesis focuses primarily on the Russian response to and conceptualization of the plague. Nikolai Kirilov, Petr Shchusev, and Doctor Rosliakov were members of the larger Russian scientific community, a community that was often engaged in a dialogue with itself (for example, it was not uncommon in their plague narratives to find multiple references to each other's' work). Together they worked with some of the leading medical minds of their time in order to come up with an effective solution to plague outbreak in the Far East. However, because the outbreak had an effect on the decisions of the scientific community at the global level, response to epidemic in the Far East could not be contained solely within the purview of Russian medical authority. Wu Lien-Teh was in fact a Malay-born, Chinese and English-speaking doctor who had received a medical education at the University of Cambridge. This double aspect of Wu's upbringing and education instilled within him a similarly double

understanding of the plague, its treatment, and its ramifications for the development of modern China. The German doctor Roger Baron Budberg had also come from a diverse background. Born the son of Baltic nobility, he attended high school in Western Latvia and Law School in Estonia, where, after two years of arduous study, he transferred to the Medical Faculty of Tartu University. Throughout the early twentieth-century, the Imperial government shuffled Budberg all across Russia, ultimately condemning him to a sort of professional 'exile' in the Russian Far East. Such professional ignominy, as well as the personal relationships Budberg formed with the Chinese residents of the Far East after he relocated, all served to influence his opinion and decision making in times of epidemic.[4] It was within the context of the journals, personal accounts, medical handbooks, and reflective narratives of these doctors that a very specific idea of the plague, and medicine's necessary response to it, was developed.

The Plague

Disease and epidemic were common occurrences in the Far East, and minor outbreaks of plague were nothing unusual to the inhabitants there. However, it was in the Russian-controlled city of Harbin along the CER just before the Revolution that Russia experienced the worst outbreak of pneumonic plague it had seen since the epidemic in St. Petersburg in 1770 – the Great Manchurian Plague of 1910-1911. Often considered part of the third world plague pandemic, the Great Manchurian Plague killed anywhere between 45 to 60 thousand people and caused hundreds of thousands in damages. Several contemporary sources attributed the outbreak of the Great Manchurian Plague to the increased veracity with which Manchu and Buriat fur hunters had been pursuing tarbagan skins, which had been fetching ever increasing prices in European markets beginning around 1900. By September, 1910, the plague had made its way

[4] Mark Gamsa, "China as Seen and Imagined by Roger Baron Budberg, a Baltic Physician in Manchuria" In Frank Kraushaar, *Eastwards: Western Views on East Asian Culture* (Berne : Lang, Peter, AG, Internationaler Verlag der Wissenschaften, 2010), 23-24.

into several migrant camps along the CER, and by October it had reached Harbin. The Chinese section of Harbin, Fudziadian, was hit the hardest, and at its peak the plague killed anywhere from 140 to 180 people per day.[5] By the time the plague had subsided in March, 1911, the international scientific community called together the Mukden Plague Conference, an organization designed to monitor and prevent similar outbreaks from occurring in the future. However, the trauma of the event and the amount of human and material loss that came with it ensured that the Great Manchurian Plague left a timeless impact on the collective memory of the world medical community.

Several scholars of the history of medicine, and epidemic disease specifically, have already studied the Manchurian plague in great detail. The most important of these studies is the work of Carol Benedict, a specialist in the history of medicine in China. Benedict located the plague's origin to mid-nineteenth century China in the small but developing province of Yunnan. She argued that, because of the increase in Chinese maritime activity, the opium trade, and the movement of armies as a result of the opium wars, the plague bacillus was first brought to Hong Kong where it reached the rest of the world from the harbors of Chinese ports.[6] Her work has built upon some of the foundational texts on the Manchurian plague by earlier scholars such as Carl Nathan and Rosemary Quested, both of whom detailed the bureaucratic apparatus, organization, and effectiveness of the tsarist government in its battle with epidemic disease. Their work shed light particularly on the international response and how, after the Mukden Plague Conference of 1911, the establishment of the Chinese Plague Prevention Society

[5] George Childs Kohn ed., *Encyclopedia of Plague and Pestilence: From Ancient Times to the Present* (New York: Facts on File, 2008), 251.
[6] Carol Benedict, *Bubonic Plague in Nineteenth-Century China* (Stanford: Stanford University Press, 1996).

efficaciously prevented the occurrence of further outbreaks.[7] More recently author and molecular biologist, William C. Summers, has written an excellent account of the international relations and competing politics in and around the contested Manchurian region between China, Russia and Japan, and how such competition variously affected the way each government was able to deal with and to prevent its spread. Additionally, Summers has provided some convincing evidence debunking the long-held belief that the Manchurian epidemic should be attributed to the third plague pandemic. The particular strain of *Yersenia pestis*, called a "biovar," which was isolated in Manchuria was of a different mutation than that of the biovar responsible for the epidemic worldwide. Instead, the Manchurian biovar, according to Summers, actually originated somewhere in Central Asia and moved eastward independently of the Chinese strain.[8]

In addition to these monographs, several invaluable articles have also been published on the episode. Amongst these, historian Mark Gamsa's description of plague infested Fudziadian provides the most memorable picture of the situation, the desperation, and of the many horrors faced by Chinese residents there.[9] Historian Cornelia Knab's discussion of the international cooperation and the resulting globalizing processes that came with plague response also sheds light on how, regardless of political affiliation, representatives from the various world medical communities during this period were able to work together harmoniously to decisively contain the epidemic while instituting effective measures for future prevention.[10] Unfortunately, despite the wealth of current historiographical work that covers the Great Manchurian Plague, much of it

[7] Carl F. Nathan, *Plague Prevention and Politics in Manchuria 1910-1931* (Cambridge: Harvard University Press, 1967) and Rosemary Quested, *"Matey Imperialists? The Tsarist Russians in Manchuria 1895-1917* (Hong Kong: Center for Asian Studies, University of Hong Kong, 1982).
[8] Summers, *The Great Manchurian Plague of 1910-1911*.
[9] Mark Gamsa, "The Epidemic of Pneumonic Plague in Manchuria 1910-1911," *Past & Present* no. 190 (February, 2006): pp. 147-183.
[10] Cornelia Knab, "Plague Times: Scientific Internationalism and the Manchurian Plague of 1910/1911" *Itinerario* 35, no. 3 (December, 2011): pp. 87-105.

either focuses directly on the response and consequences of it for China or examines its international political ramifications. Additionally, almost no substantive work has been done to investigate the significance of the general occurrence of plague in the Far East comprehensively. I am not aware of any material that exists which discusses plague outbreak purely in consideration of its ramifications for the development of Russian medicine, and thus, this research helps to fill a hole in the national medical historiography.

The Manchurian outbreak, however significant of an event it was, was not the singular event that influenced Russian medical professionals as they discussed the expectations of medicine and the implications of these expectations for the subjects of their work. The occurrence of plague was common enough to warrant the consistent attention of doctors and other experts from all over the world, whose cumulative work came to be representative of the fundamental assumptions of how plague (and similar) outbreaks should be dealt with. Plague and epidemic disease, with the Great Manchurian Plague serving as the constituent example, provided a forum upon which an entire philosophy of modern medicine could be espoused. Response, containment, and prophylactic measures against the dissemination of disease in the Far East created a convenient justification for the implementation of medicalized surveillance and regulation.

The Way of Life

> Human activity in this place seems to have completely died out; the streets are empty and deserted and all the houses are left desolate. Those who were not struck by the plague in the town itself fled terror-stricken and were overtaken by the black epidemic outside the town. The bazaars and markets are closed. Dogs alone roam in the streets, howling and feeding on the corpses of their former masters. The stench is horrible. The hospitals are abandoned. There are no ill

> people anymore and no medical men- all have died. Only on a few beds lie the dead bodies of those who expired last.[11]

The preceding illustration, left behind by an anonymous correspondent in China writing for the *Lancet*, speaks to more than the inevitable denouement of epidemic catastrophe. It emphasizes the "realness" of the plague, specifically from the position of everyday functionality. The hospitals, streets, and homes that had been abandoned, the closing of the markets and other places of business, and the gradual consumption of the public living space by animals and the other forces of nature all exemplify how the inhabitants were confronted with and suffered from the plague at the level of their basic existence. One further example, this time provided by the Russian doctor Shchusev, demonstrates the ineluctable connection that existed between the spread of the plague and the activities of everyday life:

> During the time of the plague it is necessary to be very careful, for it [the disease] attacks unseen. We may better clarify this through an example. In January, 1911, on the Transbaikal Railway, close to the "Petrovsky Factory" station, there came a Chinese merchant selling his goods. Nobody inquired of him from where he had come or what he was carrying. A Russian workingman purchased a part of his goods and went to spend the night with the merchant. In the morning of the following day, the working man and the merchant felt very poor. The workingman set out for an inn, but along the road he suddenly became so weak that he could not walk, so two peasants carried him up the rest of the way to it. Within a day the original merchant, the workingman and the two peasants who had helped him, the innkeeper and his entire family – all had died from pneumonic plague, which had been spread to them by the [infected] workingman, through the merchant's material. The former, in all probability, were carriers of the plague.[12]

By this doctor's account, plague was something that manifested not out of the extreme and irregular circumstances levied upon a people during times of some significant event, such as

[11] Correspondent in China, "Notes from China," *Lancet I* (1911), 775, taken from William C. Summers, *The Great Manchurian Plague of 1910-1911: The Geopolitics of an Epidemic Disease* (New Haven: Yale University Press, 2012), 1.
[12] Petr Shchusev, *Pravil'nyia Poniatiia o Chumnoi Zaraze i Proverennyia Opytom Nastavleniia dlia Bor'by s neiu* (Vladivostok: Elektro-tino-lit. gaz. <Dalny Vostok>, 1911), 11.

invasion or warfare. Rather it was the result of the ordinary, miniscule activities of everyday life that individuals carried out routinely as a natural part of their *way of life*.

The plague demanded from local people a specific mode of existence set upon predictable patterns of movement and reaction. The frequency of the plague, which was little more understood by contemporaries in terms other than those of the most obvious and virulent examples of it, had authored a history that was intertwined with the way of life to such an extent as to have had direct consequence on the anticipated, regular activities of the people exposed to it. As it had been developed by modern medicine, the definition of the way of life was not restricted to the culture (or, in the Russian case, the larger category of *kulturnost*) of a people, including their traditionally rooted languages, customs, habits, and worldviews. There were, of course, similarities between the late-Imperial conceptualization of the way of life and later arguments for the cultivation of a uniquely Russian *kulturnost* – doctors were concerned with readjusting the interests, proclivities, and tastes of the people they encountered, while behavior was a veritable human characteristic they attempted to control.[13] Accordingly, the necessary measures these doctors utilized to effect this change often manifested as a series of suggestions and advice in their own writing that ultimately led to the formation of a body of medical literature they had hoped would have some positive effect in influencing the actions of their readers.[14] In the context of late-Imperial medicine in the Far East, however, the way of life meant more than the overt control of individual attitude or the flamboyant display of outward, nationalistic sloganeering. In fact, the rhetoric of "culture" or "culturedness" did not appear in

[13] See, for example, Sheila Fitzpatrick, "Becoming cultured: Socialist Realism and the Representation of Privilege and Taste", in *The Cultural Front: Power and Culture in Revolutionary Russia* (Ithaca, 1992).
[14] As with certain other developments that this thesis points out, this strategy anticipated later Soviet uses of propaganda and persuasive writing to instill similar values in the subjects of the USSR. On this, see especially Catriona Kelly, "Kul'turnost' in the Soviet Union: Ideal and Reality in Geoffrey Hosking and Robert Service ed., *Reinterpreting Russia* (London: Oxford University Press, 1999).

any of the publications on plague and epidemic prevention during this period; doctors were more interested in commenting on the "life" (*zhizn'),* its quality, and the processes surrounding it.

The way of life encompassed something much deeper – not just a way of doing things but the subconscious, the *impulse to activity* that necessarily conditioned people's everyday behavior. Before the advent of modern medicine, the ordinary behavior in response to epidemic of the Far Eastern inhabitants was not part of any systemized effort of control; the activity of the people, the migration out, circulation through villages, dietary reorientation, social and cultural expectation as contingent upon epidemic predictability... in short, all those elements that constituted the historically routinized way of life of the frontier inhabitants residing in the plague foci were not products of a deliberate intention or a directed purpose. They were, rather, carried out subconsciously, constituting part of the framework of activities by which these people lived their lives organically and without apprehension. As his comments demonstrate, Shchusev recognized that the dangers associated with the plague were of an internal, not an external, origin. Its transmission was made most severe by the movements of the Far Eastern merchants, workingmen, peasants, and other inhabitants. Its prevalence among the population was a result of their behavior, their interactions with one another, and the activity that constituted their general way of life. If the goal of medicine, as introduced by the eclectic community of Russian and foreign doctors, was to assert its authority at such a fundamental level, then it was necessary that this authority be manifest in ways that were just as subconscious and unattended as the everyday activity it sought to replace.

The focus of Russian medicine, then, was the subjugation of the way of life. In the period of the growing professionalization of Russia's doctors and medical institutions at the end of the nineteenth-century, medicine became an agent of both construction and deconstruction;

the assumptions behind the new science of public health targeted the 'happenings' of life. People's movements, the veritable 'in-betweens' which fell under the domain of their routine behavior, their habits, their unplanned actions and activity, the mechanism which lie *behind* these actions, in sum, were the way of life, the direction over which provided to medical experts an indirect apparatus of power. The assumptions of medicine had a formidably *social* implication in addition to their clearly defined scientific one, and this allowed medicine to critique more than just the science of body and disease. Because in the way of life medicine saw many culpable agents of self-destruction acting, in the first place, against individual health and the proper constitution of the body and, in the second, against the growing edifice of the medical institution itself, the way of life became the primary target of medical reform.

Activity, an Object of Reform

In lieu of these historical developments, I here propose a move to a more comprehensive application of theory to the issues of medicine, its underlying assumptions, and the historical application of these assumptions to both the body and the activity of the individual. Since the recent historiographical turn to post-modernism in medical history, few scholars have been as influential in the field as Michel Foucault. Foucault was able to highlight, for all of their self-flattering and contradictory natures, the imprisoning, self-ascriptive influences of the emergent social institutions of the Enlightenment. The absolute sovereignty of monarchs had given way to the more intrusive surveillance of the new professional disciplines – psychology and houses for the insane, the reformation of the prison system, and, of course, of medicine. Foucault's philosophy examined authority as a thing which had an intimate connection to the body; an individual's identity - for example, their identity as a criminal – was something the institution, in whatever form it may have taken, grafted as a working definition upon his or her individual

body. In medicine, this was an especially acute phenomenon, and in *The Birth of the Clinic* Foucault points to the preference doctors of the eighteenth-century had for visual observation as opposed to quantitative measurements of the body-as-display. This was because direct observation allowed the doctor to *create* the body, and the corresponding medical reality surrounding it, as he saw it, giving him a condition of power over not only nomenclature but also the entire edifice of medical perception and organization.[15]

With the groundwork for the study of the body as the primary object of analysis set, Foucault paved the way for new trends in the way scholars up to the current day look at medicine and the form of power it holds over its historical subjects. In the past five years there has been an explosion in the number of monographs published discussing the ways in which the body served as an area of contestation between early modern colonizers and their colonial subjects, as well as between modern medical practitioners and the people placed under their care. For example, Colin Jones and Roy Porter's *Reassessing Foucault: Power, Medicine and the Body* demonstrates that even magnates of the field of the history of medicine, including David Armstrong, could not escape the premium Foucault had placed over the body as the principle subject of medicine. Similarly, David Arnold's discussion of European medicine's attempt to adapt to the social and environmental conditions in India employs a similar emphasis on medico-body culture: "From the position of an outsider, concerned mainly with the health of white "exotics," Western medicine rapidly assumed a position of clear authority over Indian medicine and Indian bodies," "It [European medicine] was frustrated by the elusiveness of the Indian

[15] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Routledge, 1989).

body, by the limits of its own therapeutic capabilities, and by its still-restricted acquaintance with the prevalent diseases of India."[16]

The historiography of Russian medicine has also emphasized the importance of late imperial-Soviet body culture. In *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State*, Trisha Starks adroitly points out how the Soviet administration used the new language of hygiene to argue that "ordered lives produced healthy bodies and politically enlightened, productive, and happy populations; strong bodies generated balanced minds that would, in turn, choose the most rational, equitable, and inevitable of political, social, and economic structures, namely, socialism."[17] Thus by Starks' formulation, the body served as a site in which the absolute manifestation of Soviet ideology could be made possible, serving as the most important organ upon which the state would need to exert its influence. David Hoffman has similarly stressed the significance of the body as a site of Soviet power, and in *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917-1941* he maintains that as a part of the emerging medico-physical culture the science of pure medicine alone was not enough to create a new individual, but rather required the influence of all available means, cultural and social included. As such, Soviet physical culture included a reconfiguration of Old Regime bodies into the new Soviet one which was to serve as an embodiment of the cumulative authority the Party held over the individual. This "power-through-the-body" aspect of the Soviet system at home was equivalently transferred to its neighboring dependencies, which historians such as Paula Michaels and Dmitry Mikel (the latter of whom has recognized Foucault's influence over his

[16] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkley: University of California Press, 1993), 59, 60.
[17] Tricia Starks, *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State* (University of Wisconsin Press, 2008), 4.

own work) have poignantly demonstrated.[18] My research seeks to situate this discussion of medical power to the period before the Revolution as well as demonstrate that these pre-revolutionary antecedents help to emphasize the continuity of the Revolutionary era.

Russian medicine, however, was not exclusively concerned with matters of the body. In the Far East, as elsewhere, there existed a cacophony of techniques that the pre-revolutionary medical professionals utilized in order to gain (but especially to maintain) control over the lives Russia's medicalized subjects. It was in the employment of medical terminology such as "purity" and "sobriety", the selective admission and prohibition of various cultural behaviors, the regulation of the production, movement, and use of allowable goods and services in the towns and cities, and in the general attitude taken toward public health and epidemic prevention, that doctors focused their energy much more vehemently on the regulation of *activity* in addition to inscribing medical power on the subject body. Additionally, in the early 1900s, some of the most popular Russian Far Eastern newspapers were publishing articles that championed the success of proper behavior in the cities further West, in Russian metropoles, and all throughout Europe over disease and poor living conditions, leaving some readers with the impression that the Russian Far East greatly lagged behind in terms of its medical modernity.

The subjects of these texts focused heavily on the way of life, behavioral patterns of individual people, and the indiscriminate movements of the body as opposed to the composition of the body itself and its relative permeability to "modern" concepts of good health and proper hygiene. The end result of the physician's focus on individual activity as the center of medical authority culminated in the formation of the medicalized *regimen*. Through the cumulative

[18] Paula A. Michael, *Curative Powers: Medicine and Empire in Stalin's Central Asia* (Pittsburgh: University of Pittsburgh Press, 2003); Dmitry Mikel, "Fighting Plague in Southeast European Russia, 1917-25: A Case Study in Early Soviet Medicine" in *Soviet Medicine: Culture, Practice, and Science*, ed. Frances L. Bernstein, Christopher Burton and Dan Healy (Dekalb: Northern Illinois University Press, 2010), 49-70.

influence of their published medical texts, both in and out of the professional community, the regimen was the discursive apparatus by which physicians attempted to reform the foreign way of life. It sought to enforce the power of modern medicine not specifically through the manifested image of authority and knowledge as *sine qua non* attached to the body of the person but rather through the unseen direction of his or her subconscious movements, the impulses which lay behind these movements, and both the environmental and urban architecture which would condition them. Medical authority and the resulting medicalization of culture and society was a matter of combining the techniques of Foucauldian control over the body with an equally invasive control over the subconscious activity of the way of life. As such, doctors intended the regimen to assert a putative *affective* influence over the population.

The activity upon which the regimen acted was, therefore, necessarily subconscious in nature; it was that which made up the affective behavior of the residents of the Far East. The Far Eastern physicians, then, intended their application of the regimen to serve as a sort of force, one which acted, in the words of two prominent scholars, "… beneath, alongside, or generally *other than* conscious knowing, vital forces insisting beyond emotion…"[19] Because the regimen attempted, in many respects, to impose its restrictions and regulations outside the realm of consciousness, affect theory provides a very effective lens through which we might understand physicians' intentions in the Far East and their results. Certain other scholars have already investigated the implications of affect on individual behavior, especially as it conditioned the way people articulated their daily lives with and against regional authorities. For example, Christopher Clements has pointed to the role of the affective behavior of the indigenous Akwesasne residents upon the construction of a bridge linking Canada and the United States over

[19] Gregory J. Seigworth and Melissa Gregg, "An Inventory of Shimmers" in *The Affect Theory Reader* ed. Melissa Gregg and Gregory J Seigworth (London: Duke University Press, 2010), 1.

their land at the beginning of the twentieth-century. The shifting boundaries of colonial authority threatened to impose sanctions and new regulations on activity that had, from the indigenous point of view, previously been permissible in the autonomous Mohawk regions. Resistance to these new impositions, however, came indirectly; it was simply through the continuation of daily life – a veritably *affective* form of protest – that many locals refused to provide legitimacy to the arbitrary new regulations. Thus, when certain Mohawk residents were asked to stop and pay previously non-existent bridge-tolls, they flatly refused, failing to legitimize or even to acknowledge the capricious orders of the colonial magistrates. As Clements remarks, "First, Mohawks immediately found ways to evade the bridge corporation's tolls, deciding to proceed with life as usual rather than let the new system dictate the terms of seasonal haying."[20] Thus it was precisely by doing *nothing* out of the ordinary that the Mohawks were able to assert their independence from colonial authority on their own reservations; the affective, subliminal movements and daily routines provided to these people the tools necessary to ensure their own indirect liberation. In the case of the Far East, the regimen targeted this same kind of affective behavior, but was used as an instrument of *subordination* to medical authority rather than as something to liberate the people from it.

For the most part, the regimen existed only in the printed medical manuscripts of the period and as a set of conversations that doctors engaged in with each other. Because it could only ever be incompletely achieved through the execution of the physicians' professional duties, the regimen served as more of a medicalized ideal of modernity and normativity than as something that could ever have been comprehensively realized. And because the transition of the regimen from the printed word to real world application met with considerable resistance by

[20] Christopher Clements, "Between Affect and History: Sovereignty and Ordinary Life at Akwesasne, 1929-1942," *History and Theory* 54, 4 (2015), 111.

local communities, it was inevitable that the new practices and behaviors envisaged by doctors were only partially (if at all) adopted by the subjects of their work. As such, the regimen was something that doctors were always striving for, and it influenced the ways in which they attempted to assert their professional authority over the population.

Being "Normal," and the Russian Professional Class

The implementation of a working regimen presupposed the advent of a new characterization of activity in the scientific literature, and with it a readjustment of what modern medicine did and did not consider to be "normal". The principle of normativity theory has long influenced the way historians and social scientists have analyzed relationships of power and identification, from queer theory and gender studies to the criteria new institutions such as medicine used to evaluate the subjects of their work. Feminist scholars like Donna Penn and Joan W. Scott, for example, have attempted to find a path between Foucault and gender-equality.[21] The argument of Scott in particular has been successful in utilizing structuralist theory to delegitimize concrete and unitary categories of definition that have, from the feminist point of view, repressed reciprocal categories considered antithetical to them. Accordingly, the man/woman dichotomy has reinforced the condition in which "woman" as a category of understanding is given legitimacy and is actualized only *vis-à-vis* the existence of the category of "man", that the positive definition of "man" presupposes and permits the existence of the negative definition of "woman", and, in the process, represses it into an inferior position in an artificial definitional hierarchy. The history of medicine as it was practiced in modern Russia, too, has employed structuralism to highlight the dialectical assumptions of the emerging differentiation between normativity and deviancy. Frances Bernstein, Christopher Burton, and

[21] Donna Penn, "Queer: Theorizing Politics and History," Radical History Review 62 (1995): 24-42; Joan W. Scott, "Deconstructing Equality-versus-Difference: Or, The Uses of Post-structuralist Theory for Feminism," Feminist Studies 14 (1988): 33-50.

Dan Healy have pointed out the contradictory nature of the evolving Russian conceptualization of the "normal" in the introduction to their edited volume, *Soviet Medicine*. "Medicalization," they argue, was the process by which the state and government, dominant cultural norms, international scientific developments, and other extraneous social forces influenced doctors to create fundamentally exclusive medical categories of "normativity," the definitions of which had been derived from the culminate effect of these forces, which could then be superimposed onto existing social realities, both at home and abroad.[22]

Normativity in this sense only existed as a set of prohibitions, as a series of negative judgements concerning types of bodies or ways of life which were not in accordance with the assumptions of modern Russian medicine; by this logic, medicine was as much proscriptive in theory as it was prescriptive in practice. Physicians, as they made observations on deviant ways of life in the Far East as elsewhere, passed judgements regarding the relative acceptability of variant forms of human activity; these judgments eventually formed a laundry list of prohibited activities – of what was "not" allowed – that served as the functional definition of medical normativity. Normativity thereafter came to be predominately defined by that which it was not, and in some sense ceased to have any meaning whatsoever. Those physicians who responded to plague in the Russian Far East were similarly concerned with defining normativity through its antitheses. While the newspapers may have lauded the conditions of European cities as clean and the Russian metropoles as sites of successful European medical modernity, the regimen, as manifested in the declarations, regulations, suppositions, suggestions, and judgement made by doctors as they published their opinions on appropriate and inappropriate behavior, concerned itself for the most part by determining what "should not" be allowed, what was not permissible,

[22] Bernstein, Burton and Healy, *Soviet Medicine*, Introduction.

and therefore derived its own reality only as a negative reflection of these prohibited activities, a theoretical "last alternative."

The regimen, as a tool of Russian medicalization, was given power only through the rising influence of the professional classes – in the case of the Far East, that class of medical professionals concerned with managing and containing the spread of plague and other epidemic diseases. By the end of the nineteenth-century, these professionals had an awkward relationship with the tsarist government. Many scholars, including Daniel Beer, Sharon Kowalsky, Joseph Bradley, Sheila Fitzpatrick, and others, have analyzed the development of late-imperial Russian professional castes, emphasizing the growing disconnect from the imperial government these professionals experienced.[23] This disconnect stemmed from imperial negligence and a general mismanagement of affairs, the growing desire young intellectuals had to possess a greater influence over the decision making processes of government, frustration they felt over the archaic system of public health administration, and, with that, the reticence the late Romanovs displayed toward innovation or improvement of the quality of either medical education or the training of Russian-born doctors, the consistent lack of supply of needed materials to border regions, and the almost complete absence of authority these professionals exercised in order to enforce their own protocols. Bernstein, Burton and Healy, drawing from earlier arguments made by Susan Gross Solomon and John F. Hutchinson on the interference of the state in the affairs of professionalized medicine, similarly maintain that in late tsarist Russia, "Peculiarly Russian was the tension, well developed before 1917, between radicalized community physicians who sought

[23] See, for example, Daniel Beer, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity*, 1880-1930 (Ithaca: Cornell University Press, 2008); Sharon Kowalsky, *Deviant Women: Female Crime and Criminality in Revolutionary Russia* (Dekalb: Northern Illinois University Press, 2009); Joseph Bradley, "Associations and the Development of Civil Society in Tsarist Russia" *Social Science History* 41, 1 (Spring, 2017): 19-37.; Sheila Fitzpatrick, especially her discussion of the attitude Lenin and the Bolsheviks took with regard to the remnants of the imperial era "bourgeois intelligentsia" and Stalin's resulting cultural revolution in "Cultural Revolution as Class War" in *Cultural Revolution in Russia, 1928-1931* (Bloomington: Indiana University Press, 1978) and "Cultural Revolution in Russia 1928-1931," *Journal of Contemporary History* 9 no. 1 (Jan. 1974): 33-52.

a break with the old regime's habits of "medical police," and medical experts who recognized, sometimes reluctantly, that projects for medicalization could only be realized in collaboration with the state."[24] The "reluctance" of these realizations stemmed primarily from the fact that the nascent caste of medical experts in Russia was not autonomous, but was instead fundamentally dependent on state support and permission to carry out much of its work.

A slightly different perspective on the position of Russia's emerging professional classes comes in the form of Laura Engelstein's *The Keys to Happiness: Sex and the Search for Modernity in Fin-de-Siècle Russia*. Engelstein, who discusses the efforts of the late nineteenth-century legal experts, themselves part of a different emerging professional class, to reformulate the Russian legal code concerning gender, marriage, and sexual relations, concludes that, had the liberal professional elites been given enough time to fully maturate, they would have eventually produced a body of written law just as absolutist and repressive as that of the tsarist predecessors they sought to reform. Accordingly, "Had tsarism been succeeded by a liberal regime, the professionals who aspired to such an ideal would undoubtedly have imposed the same kind of normative values, social inequities, and disciplinary constraints as those that operated in the bourgeois West, but they did not get the chance to experiment with that particular combination of freedom and control."[25] For Engelstein then, legal professionals aspired to the same level of authority as their tsarist counterparts. This authority, however, came upon the population quite subtly, inculcated via indirect methods. Engelstein's analysis shows that the late nineteenth-century law codes were more concerned with forbidding individual sexual acts than in punishing individuals for falling into one or another preordained category of social deviance. Such

[24] Frances L. Bernstein, Christopher Burton and Dan Healy, *Soviet Medicine: Culture, Practice, and Science* (Dekalb: Northern Illinois University Press, 2010), 15.
[25] Laura Engelstein, *The Keys to Happiness: Sex and the Search for Modernity in Fin-de-Siècle Russia* (Ithaca: Cornell University Press, 1992), 422.

explains why influential criminologists such as Vladimir Dmitrievich Nabokov saw nothing inherently reprehensible in the person who identified as a homosexual; it was the particular sex *acts* which had the potential to subvert the morality of society if and when they manifested outside of the household, but not the individual self-identity "homosexual" as such.[26] Thus Engelstein's representation of Russian professional methodology at the turn of the century connects with the assumptions which underlie the medicalized regimen. Just as important as body or identity, activity was a tangible object which modern medicine sought to control by inculcating the appropriated behaviors of the physician's credo into people's everyday ways of life.

The historiography paints a picture of the nineteenth-century Russian professional who fell somewhere in the middle ground. He was too liberal, his expectations of professional independence and respect were too far removed from the reality of his subordinate position in society, and he was too opposed to the incompetence of absolute authority to have been considered sympathetic to the Russian ruling class. However, it was possible that, in his quest to assert the peculiar significance of his specialty, and to thereby validate the claim that his knowledge should be valued over that of the common person, the professional at other times seems to have been obtrusive, demonstrative of the very principles of authoritative malfeasance of which his knowledge was meant to rectify. The professional occupied a strange place at the end of the century, not entirely attached to one camp or the other, and thus quite flexible in his potential political and social loyalties.

Medical Paternalism

The relationship that existed between the professional physician and his patient, however, did not always fit so neatly into medical expectation. The regimen, which demanded the acute

[26] Engelstein, *The Keys to Happiness*, 70.

regulation of behavior, activity, and the way of life, naturally clashed with the emotion and face-to-face interaction physicians experienced in their fight against the plague. Forced to operate in a milieu exposed to the persistent threat of another outbreak, and with the parochial forces of culture far removed from any of either Russia or China's major metropoles influencing their immediate psychologies, Russia's physicians often engaged earnestly and directly with the local people they were sent to help.

We must remember that, typically, the doctors who made their way so far into the hinterlands of Imperial Russia were men and women who did not necessarily stand at the top of the professional hierarchy at home. This is made evident by the fact that, despite their expertise and experience in the region, neither Kirilov, Shchusev, nor Rosliakov were asked to serve as representatives at the Mukden Plague Conference in 1911. Their attitude was not necessarily superior, and, despite their high education, these doctors, and the assistants and public servants at their command, came from modest backgrounds themselves, their careers having taken them to parts of the world nobody else wished to visit, in an effort to save human lives nobody else cared about. Within this context, the patient-doctor dynamic was anything but a static manifestation of the regimen's authority. Overall these doctors, who possessed similarities in their education and shared in their experiences and responsibilities during the plague, had more in common with one another than they did with either their patients or their home governments. In many ways, they constituted an isolated but unified medical community, the cumulative writing of which led to the creation of a unique idea of the way of life, the regimen, and activity. Therefore, to understand the implication and significance behind these ideas, we must understand how they were generated and canonized within this community through their explication through the common medical literature of the time.

There has been a lot of discussion in the Russian medical historiography on professionalization, medical emergencies, and the attitudes everyday people took toward the doctors who were meant to alleviate their suffering. The classic book on plague and response to it prior to the modern period is John T. Alexander's *Bubonic Plague in Early Modern Russia: Public Health & Urban Disaster*. Prior to the Manchurian outbreak, the worst epidemic of plague to hit Russia occurred in 1770, bringing calamity to St. Petersburg, one of Russia's two major metropoles. Alexander highlights how the combination of medically-sanctioned quarantines, food and supply requisitioning, and the mobilization of troops against an already weakened population sowed resentment amongst plague victims and other town dwellers. Medicine, especially as it was organized and enforced by the state, was something detached from the concerns of the everyday citizen, and the decisions that were made by state doctors empowered to put an end to the plague were often done in the interest of expediency, without much regard for the actual wishes of Petersburg's citizens. In *Disease, Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914*, Charlotte E. Henze similarly discusses how the study of severe epidemics sheds light on how social conditions influenced the practice of medicine, straining the relationship between people and the medical authorities sent to govern them. Her research into the massive cholera outbreak in Saratov confirmed "Asa Brigg's and Louis Chevalier's insight that Asiatic cholera provides a fruitful means of exploring life and living conditions in a given society."[27] Throughout the nineteenth-century, Russian medical practitioners were often ignored in infected areas like Saratov, their municipal authority overruled by that of the zemstvo doctors; in several cases, the hostility between the local population and these foreign doctors manifested in violence. Many

[27] Charlotte E. Henze, *Disease, Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914* (New York: Routledge, 2011), 3.

other historians of Russian medicine have come to similar conclusions, leaving the impression that the relationship between the nineteenth-century doctor and his patients was categorically antagonistic.

The journals of the Far Eastern doctors during plague times tells a different story. There existed no clear patient-doctor dichotomy, and the actions taken by the responding physicians were motivated just as heavily by personal attachment and the connection with local people they interacted with as their own professional obligations. There were two reasons for this situation. First, the medical personnel who responded to plague outbreaks such as the Manchurian Plague were just as susceptible to contract the deadly disease as the victims they came to assist. Several local sources, such as *Dalnyi Vostok*, the primary newspaper of Russia's Far East at the time, reported that medical assistants and doctors experienced near daily casualties among their ranks. In addition, the local circumstances often required these individuals to come up with *ad hoc*, innovative solutions to problems at hand, and these often times conflicted with the stricter, universal protocols demanded by the regimen. When Russian medical commentators such as Kirilov made observations on the inadequacy of non-Russian, non-medical social norms to handle the spread of disease, their subsequent suggestions often clashed with the real circumstances facing medical responders on the ground, who did not have the time nor adequate preparation and supplies to implement them. Local economies and the regular flow of people, produce, and other commodities at times also took precedence over stipulations of the regimen at variance with them. Rarely if ever did doctors follow the exact tenets of modern medicine and the regimen it demanded. Instead they were more strongly motivated by the practical expectations of local people and by their own personal struggles against the plague.

Practical considerations were not the only factors which led to deviation from the medicalized regimen. Medical professionals could not escape the emotive force that the severity of circumstances during times of epidemic played on them, and in many ways the visceral conditions of relief work, both internally and externally, motivated healthcare professionals to a far greater degree than their own professionally-anticipated expectations. Their diaries and journals suggest personal tragedy, anxiety concerning the susceptibility doctors and medical assistants themselves had to contract plague, professional feelings of duty to humanity, and a score of additional emotive forces which operated at a firsthand level on their psychologies. The distance separating these physicians from Western centers of medical modernity and progress (for the Russian Far East lies more than 3,500 miles from the major Russian metropoles, and even farther from the rest of Europe) as well as local, integrative pressures – the desire to become "one of us", as later narratives would explain it – embedded feelings of compassion and empathy so strongly in Russian doctors as to cause them to disregard some of their *a priori* assumptions. In fact, it is not unreasonable to propose that many of these men and women came to love the people they encountered, cared for, and looked after in their times of greatest anxiety and suffering.

Elements of this kind of affection appear in every manuscript produced by plague commentators in the Far East, but none is more poignant or emotionally effective than the personal account left behind by Roger Baron Budberg, one of Russia's premier foreign plague responders in Manchuria. Budberg's impassioned response to what he saw as a ghastly example of morbidity, imperial incompetence, and human cruelty practiced upon a vulnerable population by Russia's less than enlightened municipal enforcers epitomized a particular situational *pathos* which developed between doctor and patient. In Budberg, we are given a snapshot of the best

and worst circumstances facing ordinary citizens at the height of the Manchurian Plague. On the one hand, desperation, hunger, the desire to hide inflicted family members from uncompromising members of Russia's Harbin authority, or, in the case of hospitalization, the efforts of individuals to hide any and all symptoms of sickness in order to avoid placement in a medical quarantine, disrespect for and resistance to on the ground authority, and of course, the death of loved ones, pushed both doctor and patient further and further away from the normalizing principles of the regimen. The medicalized arguments for appropriate behavior, proper and correct professional protocol, and how to protect the local population from further spread of the disease rarely if ever did anything to productively create trust between two vastly different groups of people. On the other hand, the love that often did develop between the two ensured that, regardless of their respective places on the Western social hierarchy, a relationship predicated on trust promoted cooperation and assiduous action.

However, although medical responders may have identified more closely with plague patients in the Far East than rigid tenets of medical orthodoxy would have preferred, this closeness was always couched within the assumptions of Western superiority, and the belief that the methods and regulations deemed necessary by professional medicine were of primary significance in preventing further infection. Local Chinese and other minority responses were looked at as primitive and entirely ineffective, and these people were to be given no agency in the determination of their own treatment. In this way, the responding physicians looked upon the population somewhat paternalistically; their care and compassion was always predicated on their position of both superior knowledge and primacy of directive.

Chapter 2. Regimens

By the time of the plague in the Far East, disaster mitigation took the form of the regimen. Such a discussion must focus on how the creation of the regimen fit into the growing trend of European medicalization, understood as the increased control doctors and other medical representatives had over the organization of society, in setting the universal expectations for "normal" human behavior, in enforcing these expectations under the very same justificatory rhetoric that medicine had itself produced, in rooting out and destroying deviancy wherever it may have manifested, regardless of its nature or origin, and in engaging in a vehicle of reform, the end results of which were to be used to legitimize the same science from which they had manifested. Within the context of Russia's burgeoning medical industry, to be "normal" really meant to be a production of medicine itself, always contingent upon a mutable set of motivations, evolutions, alliances, and influences.[28] For Russian society, the "normal" embodied a full spectrum of meaning, as several historians today have demonstrated: "Historically shifting conceptions of the "normal" supply the aesthetic and moral criteria against which the individual is compared."[29] In 1910-1911, the print culture that was prescribing the appropriate regimen of an individual's daily way of life was itself being produced by historically changing medical rationalities; it fell more and more to doctors to make comprehensive observations on the way of life of the foreign peoples they encountered and to speak on their behalf, finding alternatives suitable to the expectations of modern medical science.

[28] In this sense, a "production", not a "product", because, as we shall see, the regimen was a temporally extended process.

[29] Frances L. Bernstein, Christopher Burton, and Dan Healey, "Introduction: Experts, Expertise, and New Histories of Soviet Medicine," in *Soviet Medicine: Culture, Practice, and Science* (Dekalb: Northern Illinois University Press, 2010), 7.

The extent to which the regimen could actually be implemented in the Far East depended on the limits to which medical authority could be pushed. In Harbin and other large towns and cities, this authority took the form of the creation of cordons to regulate the movement of trade goods, the establishment of sanitary quarantines, the use of the police and other organized bodies to limit intercultural or trans-municipal communication between people, the development and perfection of various plague vaccines and sera, and a general reeducation of the public on the dangers of certain behaviors that had the potential to spread the infection. The efforts of the combined medical and municipal government authorities in fact permitted a radical reorientation of daily life, one which was encouraged by the modification of both the urban and social environment in which individuals could operate.

The report left behind by Robert P. Strong, the American representative to the Mukden Plague Conference of 1911, for instance, helps us to more accurately picture the changing conditions on the ground. In the interest of stemming the spread of the plague, Harbin medical authorities ordered the closing of several public facilities, including schools, dispensaries, theatres, pawnshops, inns, brothels, factories, and laundries. The forcible shut down of these places was usually associated with the establishment of a police perimeter, the regular patrol of sanitary inspectors to check for quarantine refugees or the dead and dying in the streets, and the often violent suppression of any attempts to violate the guidelines set by the international plague committee. In some cases it seems that these measures yielded positive results, such as how the closure of one Roman Catholic Church, as well as the pacification of the priests, helped to prevent Christian worshipers from inadvertently infecting themselves during confessions. However, in the case of the closure of the inns, the result was the opposite. Inns, which otherwise served as congregation points for sickly members of the community, once shut down,

led to "enormous numbers of coolies traveling for the New Year " who "would have to go to private houses and would thus infect large numbers of private families."[30] The reconfiguration of the urban living space necessitated the reorientation of individual and social patterns of behavior. The outward manifestations of the regimen's authority, in this case exemplified by the regulation of access to public commodities and services, as well as the police force used to achieve it, naturally redefined the relationship people had not only with each other but also with the city and the home by demanding from them an adoption of new daily routines.

Doctors, however, put much more emphasis on individual *affective* behavior, how it could be regulated and ultimately rearticulated in terms according with medical normativity. The regimen not only attempted to regulate the physical body but also to inscribe medical truth and authority in the activity of the individual, his or her conscious and subconscious bodily motions, *pre*cognitive decision making, and general manner of living. All of this allowed the formation of a discourse of normativity, in which the normalized way of life was *created* according to medicalized principles of acceptable and unacceptable behavior. In these early twentieth-century precursors the antecedents were set for what would become the full-scale surveillance state of the Soviet system of public healthcare.

These observations, however, become clearer after examining the thoughts and words of Russia's responding physicians. Their handbooks reveal the conclusions the medical community had reached about life in the Far East, which resulted from the first-hand encounters practitioners had with the plague. It was in these texts that the responding doctors had invented the guidelines of normal living for the subjects of their authority in the Far East. Special mention here is made of Petr Shchusev, Nikolai Vasilevich Kirilov, Doctor Rosliakov, and the Malay-born doctor Wu

[30] Robert Strong, *Report of the International Plague Conference Held at Mukden, April 1911* (Manila: Bureau of Printing, 1912), 272-273.

Lien-Teh.[31] These were the doctors who wrote of plague and prevention both during the devastating epidemic of 1910-1911 and those of less serious significance. Theirs was a unique prerogative. Medicine, as an emerging authoritative institution, enabled the doctor to attribute plague devastation to a deviation from normativity; it enabled him to characterize the way of life as *a condition of disaster*, something in and of itself responsible for the devastation, an actor that had equitably contributed to the misfortune of the people whom it had betrayed. In accordance with the doctor's attribution, the way of life became something more than just a compilation of day-to-day activities that made up the general pattern of a people's life. It was what lie *behind* these activities that the regimen was most interested in - the unpremeditated inner guidance – an altogether affective, and thus, subconscious and unattended, force - that led people to make certain decisions in certain situations, to prefer one thing over another, or, generally, to have preferences at all, to move their bodies and interact with the environment in ways that to them seemed most comfortable, in short, those conditions through which activity was manifested into their natural way of life.

The way of life, then, was something only the doctor could rectify, through techniques *he* deemed appropriate, under assumptions *he* believed to be correct. To do this, it was necessary to demonstrate the validity of the regimen by identifying and recognizing its achievements in modern European society. This recognition was then counterpoised against the unacceptable practices associated with the Far Eastern way of life. Once these problems had been addressed, it was within the subsequent medical publications that a new, acceptable, regimented life was to be invented.

Appropriate Ways of Life

[31] In my sources, I was unable to find Dr. Rosliakov's first name.

Because the goal of Russian medicine was to reappropriate the movements of individuals and the population, it was necessary for medicine to demonstrate the validity of the regimen seeking to accomplish this reappropriation through its manifestation in the physician's own society. Physicians could most easily demonstrate the efficacy of a medically regimented way of life by showing how such living patterns had been fully and perfectly realized back home. There was little more powerful indicator of the superiority of salubrious medical modernity.

The commentaries left behind by many of Russia's doctors clearly venerated the idea of healthy, hygienic living, specifically understood as European. Nikolai Kirilov had much to say about the cleanliness of Europe's burgeoning cities and the propriety of the European way of life. Kirilov was an experienced individual in more ways than one. He graduated from the Moscow University in 1883 with a degree in medicine and thereafter dabbled in a number of professional endeavors. Both the Russian scientific and political community respected him as an accomplished doctor, ethnographer, meteorologist, publicist, and public figure. His professional travels took him all over the Far East, where he successfully directed field work and established research institutions which addressed a diverse array of issues, including the discovery of the medicinal properties of local plants, designating research branches to investigate regional pathologies, and coordinating with local zemstvo governments to set regulations on fishing in Lake Baikal.[32] While his work in the countryside familiarized him with the rural ways of life of the Far East, his Muscovite education and consistent engagement with both regional and national bureaucracies endowed him with a sense of the expectations of cleanliness and modernity which came with European medicalization.

[32] Riudenko, Iu.T., *Entsiklopediia Zabaikal'ia, Kirilov, N.V.*, http://ez.chita.ru/encycl/person/?id=2981 (accessed Feb. 22, 2017).

Kirilov paid particular homage to the agreeable living conditions found in European cities in his primary monograph on the plague in Manchuria, *Morovaia iazva ili liudskaia chuma na dalnem vostok* (Pestilence and Human Plague in the Far East). The book was clearly written for a non-scientific audience. The language is simplified; complicated medical terminology prevalent in more academic publications is ostensibly lacking in this book. Additionally, Kirilov's actual narrative is part of a two-piece anthology. Just behind *Morovaia iazva,* Dr. Rosliakov's narrative, *Chuma: Populiarnoe izlozhenie sovremenaggo vzgliada na etu bolezn* (Plague: A Popular Account on the Modern View of this Disease) is attached in the same binding. Both narratives contain anecdotes from their respective authors' own experiences with the plague, and both contain vital information presented in a simplified format, which allowed it to reach the larger reading public. The platform for Kirilov's reform efforts, then, was much broader in intended application, its designated audience much more diverse than the very marginal community of medical experts from which he came. It was intended to touch upon the lives of ordinary people, both at home and in the Far East, by using accessible language, relatable examples and suggestions, and by commenting on a very relevant topic.

In the central neighborhoods, dirt roads and courtyards had been filled with asphalt so as to prevent the free promulgation of vermin. Whereas in earlier times domestic basements had been contaminated and destroyed with dirty water, the modern European dwelling consisted of basements constructed entirely from concrete, well lit, with sewage systems designed to "remove floatables to an underground network of trenches" and with an ample supply of ventilation and electricity.[33] Domestic furnishings – couches, chairs, beds, armoires – would now be required to pass through appropriated sanitation stations to ensure their decontamination before purchase and use.

[33] Nikolai Kirilov, *Morovaia iazva ili liudskaia chuma na dalnem vostok* (Vladivostok, 1910), 35.

Kirilov was always sure to credit the brave work of the European doctors, officials, and other medical personnel in their intractable fight with the plague. He started off his section on plague prophylaxis with the statement: "We fought so hard with the plague in European ports, for example, in Odessa, or in America, for example, in San Francisco."[34] Here, as elsewhere, Kirilov's words possess notable pathos; European officials are as heroic in their efforts to stop the epidemic as they are generous in their provision of public relief. And of course, in using "we" as the nominative actor of the medical community, Kirilov here had recognized the putative efforts of medicine as a collective (and he no doubt conceived of this 'collective' as the combined efforts of the strictly Russian and European medical community – i.e., the doctors) in an honorable fight in the interests of medicalization. Observe the accomplishments made by one Russian brigade in 1905:

> During the last war, from August-September 1905, on the Trans-Baikal boarder, in the coal mines of Dalainorskii in Russian villages, there were also cases of infection by the plague from tarbagans; 15 people were ill and 13 died. The entire village, with 170 residents, was quickly cordoned off, and, for the consistency of the quarantine, all residents were washed, dressed in clean dresses, and the same village with all of its belongings was burned. Of course, for everything destroyed by the fire; for one home a reward was given of 40,000 rubles. The epidemic was suppressed by energetic measures, although at the same time there were an additional 2 cases of plague at the Manchurian station (25 miles from Dalainor).[35]

Accordingly, Kirilov's portrayal of the collaborative activity of Russia's responding officials in this account was both prescient and commendable, their actions leading to a relatively benign mortality of only thirteen of the one hundred and seventy total residents there. After the timely creation of a local quarantine, there was *vyderzhanii* (consistency) in the movements of the medical personnel. Their reaction maintained adherence to a well-rehearsed, mutually understood protocol: the creation of a quarantine, the *obmyli* (washing) of the residents, the

[34] Kirilov, *Morovaia iazva*, 34.
[35] Kirilov, *Morovaia iazva*, 7.

application of clean clothes, the *sozhgli* (burning) of the village. Kirilov even went so far as to suggest the extraordinarily unlikely remuneration these residents were to receive – 40,000 rubles for one house!

While it is difficult for us to know the accuracy with which this account reflects how smoothly Russian officials actually responded to local outbreaks, what Kirilov had done was to create an idealized image for his reader: Russia's response was good, hygienic, effective… altogether a success. Later, after detailing the shortcomings of the Far Eastern way of life, he concluded that "All around there exists a plague without the taking of rational measures against it, while this fearful disease does not touch Europeans."[36] Kirilov, then, endorsed the superior way of life enjoyed by Europeans while simultaneously determining its necessity for residents of the Far East.

The success of Kirilov's narrative presupposed the expansion of a Russian reading public. The early twentieth-century saw the wide circulation of both science texts and periodicals coupled with the increasing access many ordinary Russians had to a growing urban literature. Historian Jeffrey Brooks has researched the influence of the emerging nineteenth-century print literature on the developing intellect of Russia's lower classes. "When the lower classes learned to read, they turned from their oral heritage to the printed word, and new types of publications appeared to serve their needs. These ephemeral texts had little lasting literary value, but they meant something to the people who purchased them, and they remain a revealing artifact of their imaginative lives."[37] The word "lives" here is apropos; Brooks has captured the object affected by breakthroughs in reading, the Russian "life". Reading did not just provide a

[36] Kirilov, *Morovaia iazva*, 60.
[37] Jeffrey Brooks, *When Russia Learned to Read: Literacy and Popular Literature 1861-1917* (Princeton: Princeton University Press), xiv.

convenient intellectual stimulus. It served as a very real force which directed people's subconscious movements and the activity that constituted their way of life.

If Kirilov's publications represented the growing scientific/medical literature attempting to convince the layman of the greatness of the European way of life, then local newspapers served that same purpose but relocated the object of veneration back home, in Russia's own cities. Daily newspapers came to be more extensively distributed and targeted a wide reading audience. These newspapers began to publish serialized plots which attracted a consistent demand while simultaneously publishing on both domestic and foreign, urban and rural, affairs in order to attract a more educated, middle-class reader base.[38] An examination of the most popular and successful newspaper in the Russian Far East at the time, *Dalnyi Vostok* (The Far East), supplements our understanding of the wide coverage of the ongoing plague that this growing reading public had access to. Its relatively affordable price (by 1910, one issue of *Dalnyi Vostok* cost only ten kopecks) coupled with its diverse portfolio and a growing readership meant that this newspaper also influenced Russian opinion.

Renovations to public infrastructure were just as important as improvements to private living. The "Russian Life" was one of purity, cleanliness and good sanitation. Actions taken by Russian medical authorities abroad were always paralleled with the activity of the people at home, and a chance to portray the wonderful urban life in the newspapers was never missed. Hence in one issue of the *Dalnyi Vostok*, two articles of opposing focus, "Antisanitariia" and "Russkaia Zhizn", appear side by side.

The former column, which translates as "unhygienic", was very common in *Dalnyi Vostok*. It relayed the gritty business of plague suppression, sanitary work, supervision of plague barracks, hospital cordons, and quarantine zones, the selfless work of Russian doctors, and the

[38] Brooks, *When Russia Learned to Read*, 109-123.

struggles which came with of Russia's Manchurian epidemic response. This particular article treated the reader to the horrors of the plague barracks, their miserable conditions, poor upkeep, and the threats they posed to individual health. Of the five barracks constructed in one Manchurian commercial port, only one was made to "European standards", while the rest fell "below all criticism." The other four "worker's barracks" were constructed of planks covered in clay, and conditions inside were appalling: absolutely no light or ventilation made its way inside, the residents packed in to sleep on overcrowded benches which were arranged in two tiers, the kitchen doubled as a place for the pigs and their piglets to live, eat gruel, and defecate on the floor. A house in another town – Sarich – held sixty-six people, including two women and eight children. The filth and overcrowding were unsustainable there, the house had poor air, and the ceiling dripped with melting snow.[39] The local Sanitary Commission was eventually required to destroy these properties and disinfect the surrounding areas.

The adjacent column to this sad story is another article, "Russkaia Zhizn" or "Russian Life", a serialized column devoted to describing the circumstances and mood of Russia's city-dwellers. "As if it was becoming quieter, and as if the air was becoming cleaner." These were the words of a St. Petersburg cosmopolitan. His observations are met with familiarity and annoyance: "Yes, that is true - answered another – there is no trickery here, so don't report it."[40] In this newspaper it is telling that there sat next to one article, concerned with the inhuman conditions facing Chinese, Korean, and Russian residents in the Far Eastern plague barracks, another, lauding the peaceful and clean environment of St. Petersburg which had become so commonplace that it had actually become an aggravation to point it out. The very next line of "Russian Life" explains this urban reality from the perspective of the entire metropole: "In these

[39] "Antisanitariia," *Dalnyi Vostok*, January 23, 1911.
[40] "Russkaia zhizn'," *Dalnyi Vostok*, January 23, 1911.

hard words speaks the voice of the people."[41] It seems, therefore, that proper hygiene and easy-living were ubiquitous Russian enjoyments. The discourse which existed between Russian urbanites over the benefits of big-city living served to reinforce the mental regimen which was expected of anyone aware enough of how lucky they were to be living in the modern world.

It was not only residents of Russia's major cities who found the cleanliness of the environment to be a normal part of their way of life. Kirilov, too, recognized the tremendous innovations being made not only in European science but also in urban planning and public hygiene.

> Cities provide for the delivery of clean water to inhabitants and in many areas [these inhabitants] are willing to use fountains with filtered water for drinking. In many places there are arranged latrines, public urinals fitted with plenty of water, constantly flushing porcelain, glass or cement walls or floors in the spacious, bright, and well-ventilated areas, [and were are] even arranged so that it was not possible for visitors to touch anything, or use a general seat (toilet seats are replaced with special railing above the funnel slot).[42]

Such an availability of sanitary public facilities was the only way European officials could ensure adherence to appropriate styles of living. Notice that the occupant of the bathroom was prevented from touching anything - a forbearance that was completely in line with the admonitions of other doctors, such as Shchusev, against the use of dirty hands to touch other parts of the body. The implicit control over bodily motion assumed in the arrangement of modern European bathrooms took form as the overt regulation of the daily behavior and ways of life of European citizens. The need for examples of the appropriate way of life enabled a portrayal of the success of the regimen both in Europe and Russia to such an extent that even the minute, seemingly nondescript, gestures of ones arms, hands, legs, feet, and, in this case,

[41] "Russkaia zhizn'".
[42] Kirilov, *Morovaia iazva*, 36.

buttocks, were limited and controlled by the multitude of apparatuses provided for everyday public function.

Bathrooms, hospitals, places of work, city streets, restaurants, plague barracks and other medical facilities, even automobiles – these became the sites of medical regimentation, which was guaranteed through the exact nature of their construction, accessibility, and public demand. In another example demonstrative of the splendid European life, it was literally impossible for one to look somewhere and not see examples of propriety built into Russia's bursting restaurant scene. Again, Kirilov provides a picture of the ideal urban eating conditions:

> Social cafeterias, restaurants, hotels, thanks to the wide spread in the public of adequate information concerning the ways to fight with dangerous infectious diseases, compete with one another not so much by the invitation of orchestra music, so much as by sanitary innovations: by the entrance visitors see extensive, well-lit premises for the porters with hangers, a dressing room with a washbin and with servants to clean one's dress, shoes; entering the pantry hall, visitors are persuaded that every servant on duty was dressed in fresh linen underwear, that all the dishes were served hot, as they are always washed in boiling water by special brushes and then dried in the oven, where they are held prior to use. All food is protected from smiling insects either by glass bells or by nets; greens and fruits are poured with a kettle or with boiling water, and then are conserved in refrigerators; ice is served only from distilled water which was prepared in factories; all of the food is pedantically sterilized, protected from contamination. In the best hotels, the servants, before they begin their duties, continuing their contract of no more than five hours (although two times a day), usually take a bath.[43]

In such a place, one could not even attempt to avoid their hygienic setting. The good sanitation and proper maintenance of the facilities they had access to, and the facilities (such as the "factories") behind those which supported the activity of the public businesses had been carefully mapped out and planned. Presentation, delivery, execution – nothing was left to the imagination, and individual behavior in these places was regimented from the very start. In this case the regimen took a unique form, for it manifested not as the commands of an autocratic

[43] Kirilov, *Morovaia iazva*, 37-38.

police state or through the truths created by social institutions, but rather by the very *construction* of the environment as it was presented to Russia's citizens. From the very beginning the way in which the people in the cities encountered their surroundings had been thought out and prepared in advance. For visitors to the restaurants there existed a gamut of regimented activity: the *vidit* (seeing) of *svetlyia pomeshcheniia* (well-lit premises), *veshalk* (hangers) and *umyval'nik* (washbins), the *vxodia* (entering) of the well-prepared pantry and subsequent *ubezhdaetsia* (persuading) they ultimately succumb to regarding the cleanliness of the porters, dishes, and food. The facility itself was a paragon of excellence: food was protected from insects using *stekliannymi kolpakami* (glass bells), easily perishable items were always washed thoroughly and refrigerated, specially prepared ice only ever came from *destillirovannoi* (distilled) water, and in some fortunate establishments even the hotel staff could take baths before their shifts began.

Kirilov presented a picture of Europe in which modernity had literally been built into the architecture of the public sphere. In these places it was not necessary that there exist an overseer, a guardian, or a policeman. The regimen was able to work itself into the daily activity of Russia's population in more subtle ways – the great strides daily being made in scientific progress and modernity, the heroic efforts of doctors and their altruistic acts of service in the fight against epidemic at the borderlands, the deliberate creation of a living urban environment, its interconnectivity, superiority over alternative styles, and the way it was integrated so seamlessly into the way of life of Russian urbanites as to be almost imperceptible. Urban life, both in Russia and the rest of Europe, still provided a suitable counterpoint, an acceptable norm of individual and public behavior which contrasted with the deviant ways of life made by the objects of the doctors' focus during times of plague in the Far East.

Another valuable resource available to assess the predominating medical thought is the account left by one of China's foremost medical experts of the early twentieth-century, Wu Lien-Teh. Wu Lien-Teh was the assistant director of the Imperial Army Medical College in Tientsin and China's primary representative to the international plague conference in Mukden that convened in 1911.[44] He earned his B.A. from Cambridge University in 1899, and after his graduation he was awarded a full scholarship to complete his clinical hours at St. Mary's hospital in London. By 1905 he had successfully finished his coursework and was awarded his MD from Cambridge. His autobiography, *Plague Fighter,* recounts the events of his childhood and schooling while simultaneously providing invaluable information regarding the history of plague in China. Wu was also an insightful commentator on the condition of Chinese state medicine during the time of the plague and the benefits he believed China would receive from adoption of European standards of living. Although his motivations were different from his Russian counterparts in the Far East, we can still see in Wu an appreciation for Western ways of life – urban hygiene, the availability of sound education, scientific progressivism – in short, all those aspects of society which could prepare China to successfully enter the modern age. "Western", in this sense, does not necessarily convey Wu's exact understanding of foreign medicine, especially considering his experiences at St. Mary's and Cambridge. Here I am more referring to the intellectual climate of late nineteenth-century China, in which any knowledge originating from the "West" was put to use reforming China's government and growing institutions. Throughout most of its history, the position of Russia and "Russian modernity" in relation to that of the West was questionable. Seeing as much of the medical influence imported into China originated from doctors trained in Russian and other East European universities, from China's

[44] Strong, *Report of the International Plague Conference*, viii.

perspective Russia fit into the generalized mold of "Western" countries, regardless how insecurely others believed it had been included into the European brotherhood.

Wu's autobiography is simultaneously an appraisal of Western medicine and a petition for China to modernize. He does not hide his contempt for Chinese medical orthodoxy: "Although the Manchus and most of the high officials then holding office in the capital had old-fashioned ideas and knew little of the immense progress made by Western countries in medical and scientific achievements…"[45] Wu then follows this criticism with the specific example of incompetence he had witnessed firsthand: "The Taotai, the magistrate and the Chief of Police – all laymen – were invited to look down the microscope and be convinced, if possible, of the true cause of the suspicious deaths, but it was not always easy to convince persons who lack the foundations of modern knowledge and of science."[46] That these persons were in need of "convincing" naturally presupposed in them an inferior level of scientific comprehension. Those people, *laymen* none the less, lacking "modern knowledge" of the plague, for Wu became icons of Chinese ignorance to be juxtaposed against the "immense progress" of Western medicine.

But we see that in Wu's logic Chinese medicine was not simply inferior to medicine from the West. Having spent the better part of his early career travelling from one European country to another, Wu had also evolved in his routines of daily living, expected material comforts, and increasingly modern sensibilities. From his first days behind the protective walls of Cambridge and St. Mary's hospital Wu had taken to the European way of life. "Apart from the age and artistic nature of the surroundings, everything seemed to be kept neat and clean."[47] Orderliness and aesthetic pleasure were benefits Wu never found lacking in any of the European cities he

[45] Wu Lien-Teh, *Plague Fighter: The Autobiography of a Modern Chinese Physician* (Cambridge: W. Heffer & Sons Ltd., 1959), 10.
[46] Wu, *Plague Fighter*, 11-12.
[47] Wu, *Plague Fighter*, 163.

visited. England was a place filled with "historic and beautiful buildings" and "lovely gardens" whose beauty was matched only by the "extraordinary eloquence" of its residents. "I found these people [the English students] open, friendly, unaffected in their manners and entirely devoid of racial prejudices. I was accepted on my own merits, and through observation and association, I soon learnt their simple and unassuming ways of life."[48] First year university pranks, morning and afternoon tea time, structured and skillfully directed classroom lectures, the kindly behaviors of all of the vendors, merchants, booksellers, preachers, and schoolmates Wu had interaction with – these were the living rituals of which Wu had become enamored. European life was splendid down to the very organization of the train cars which ferried him back and forth between hospitals, whose seats were "usually free of dust" and whose main stations sold "Kaffee and Brötchen (coffee and milk rolls)" which "could be bought at a reasonable price from bright smiling youths, each with his little light wagon or wicker basket."[49] His hotel rooms were more than comfortable, enabling him to sleep "soundly in the soft warm bed fitted with an eiderdown pillow."[50]

Even if Wu had been significantly influenced by the Western way of life during his time overseas, he still saw the potential in China to shape its own future and recognized the positive advancements which were daily being made in preventative and recuperative public health policy. In particular he saw the great strides in the development of national infrastructure by the beginning of the twentieth-century. When relating China's achievements in the construction of new hospitals throughout several borderland areas, Wu begins one of his chapters by asserting that "The year 1905 saw a great movement among all classes of Chinese to follow the

[48] Wu, *Plague Fighter*, 172.
[49] Wu, *Plague Fighter*, 198.
[50] Wu, *Plague Fighter*, 199.

progressive ways of the world."[51] In fact, through the joint cooperation of the Peking government with Wu and his staff of officials, more than one million Yuan were invested into new hospitals, sanitation stations, quarantine buildings, and additional equipment in every major city or town impacted by the plague, including Harbin, Manzhouli, Lahasusu, Sansing, Taheiho, Newchwang, Tsitsihar, Shanghai, Amoy, Tangku, Wuhan, and Chinwangtao.[52] Wu marveled at the resourcefulness and integrity of the Chinese officials responsible for managing a concrete, progressive development of China's underfunded colonial borderlands, expressing that "one has to admit that no finer or more courteous types of *gentlemen* existed in China, and such men as Tieh Liang, Yin Chang, Prince Chun, His Liang, could not be equaled anywhere in the world for their courtesy and kindness to strangers and juniors."[53] But we must be careful to always qualify these statements. Any successes Wu ever recognized in developing China were always legitimized in light of their adherence to European modernity. There is always a palpable European determinism in his writing; in this way his is a very similar argument to what his Russian colleagues would have to say about the benefits of European living. His work portrays China as capable in its own right of catching up and eventually following the example set by the West but deliberately avoids any appreciation of the inherent value of traditional Chinese medicine on its own.

Abnormal Behavior

Once the prerequisite model of normal behavior had been demonstrated, Russian medical authorities were free to pursue any argument available to them to demonstrate deviancy in the Far Eastern way of life. As in Europe and Russia, modern medicine would try to enforce itself

[51] Wu, *Plague Fighter*, 448.
[52] Wu, *Plague Fighter*, 469.
[53] Wu, *Plague Fighter*, 449.

through the strict regimentation of the individual's way of life, their behavior, their unassuming predispositions and ordinary state of affairs. The power of the evolving medical institution – especially the influence of the doctors – made itself felt not only in the body but also in the activity of the population, at least insofar as the published medical manuals and first-hand narratives would have predicted it. This revelation took form in a new set of movements, expectations, behaviors, attitudes, and discourses – all designed to standardize people's habits and their routine, to demand from them an acceptance and adherence to principles of better living, to provide them with the "right" knowledge, tools, and examples as part of a collaborative medical effort to protect these people from their own. In order for the regimen to take effect, however, it was first necessary for these doctors to point out how Far Eastern way of life had become deviant in the first place, to determine what was and was not appropriate behavior, and, finally, to rectify such deviancy with the implementation of an effective living regimen.

Wu was significantly unimpressed with the scientific knowledge and modern ambition of his compatriots. He associated these flaws to causes beyond the short-sightedness of the local magistrates and civilians he contacted during his time in Manchuria. For Wu, the poor response time and inadequate support provided by the necessary benefactors of the plague response – Chinese state officials, bureaucrats, doctors, the local populace, etc. – which was desperately needed to erect fortification and plague housing in the affected vicinity was ridiculous.

> They were further handicapped by the attitude of both the officials and the public. The former did not seem to realize how serious the situation was, while the latter showed an apathy or a fatalism, *so typical of the east*, that was most discouraging to those who were trying their best to help them. It needed something startlingly tragic to jot these people out of their lethargy (emphasis added).[54]

Lethargy, apathy, fatalism – these are the characteristics associated with "the east", for Wu an indiscriminate, undifferentiated geography. This is because here Wu did not have a particular

[54] Wu, *Plague Fighter*, 18.

country in mind; it was not "Chinese" lethargy, "Korean" apathy, "Vietnamese" fatalism that concerned him, although he may have at the time felt an acute condescension for the intractable Chinese government. "The east" was a collectively disparaging entity that consistently demonstrated a poor aptitude for scientific and rational cognition, a lack of motivation, and poor behavioral traits exemplified, in this case, by their "discouraging" display.

Stubbornness, too, prevented "the east" (for Wu, primarily epitomized by China) from altering its inappropriate behaviors. In *Plague Fighter*, this problem would be overcome only with a rejection of Chinese medical knowledge in place of an acceptable Western alternative. Wu recognized the declining utility of ancient Chinese medicine: "A few words may now be devoted to the reasons why Chines medical science, relatively so advanced in the early days, has lagged far behind that of European nations since the Middle Ages."[55] But imperial unwillingness to depart from the venerated rituals of past medicine prevented China from progressing into the modern world. The solution to such a problem was a reformulation of Chinese medical tradition – an intellectual rearrangement. "The newly-established Ministry of health in Nanking in 1929 under modern auspices gave additional prestige to the new medicine, and I was one of a strong committee of eighteen medical leaders called on February 23-26 *to decide upon the abolition of native practice throughout the land* (emphasis added)."[56] "Native practice" here referred to an entire catechism of firmly established, partially or fully ritualized, and widely accepted traditional norms of living and being healthy. What for thousands of years (since the publication of the *Nei-Ching* medical treatise at the beginning of the Han dynasty) had been considered normal became abnormal within the course of less than a century of consideration under the prerogative of "modern" medicine. Wu deemed four points worth recording, the fourth of which

[55] Wu, *Plague Figher*, 564.
[56] Wu, *Plague Fighter*, 566.

is of interest to us. "The evolution of civilisation is from the supernatural to the human, from the philosophical to the practical. While the government is educating the public as to the benefits of cleanliness and disinfection and a proper understanding of germs as the true cause of most diseases, the old-style practitioners preach wrong doctrines, such as…"[57] His reforms included preaching of the "correct" doctrines, which entailed an entire overhaul of the system of educating doctors and their assistants. "Old-style" herbalists and Taoist-trained practitioners now had to register themselves with the government, attend supplementary classes so as "to improve their knowledge"; native medical societies were not permitted to distribute propaganda and native medical schools were prohibited from functioning. Native-taught specialists were no longer allowed to advertise their skills or medicines. In short, the entire regimen of traditional medicine and its practice, previously so well-established, had been overturned. Wu Lien-Teh and other modern doctors effected a new regimen of learning on local institutions intended to initiate an entirely new way of thinking and acting upon medical knowledge.

The everyday way of life of the Far Eastern inhabitants, who formed the bulk of material to be worked on by new medicine, fell under just as much critique as medical knowledge. Kirilov was persistent in his disapproval of both the traditional patterns of living he witnessed throughout the Far East and the particular actions taken in the face of extreme mortality.

> No matter how famous the Chinese are for the neatness of their cooking, that they always wash their dishes in a not-crude matter, in boiling water; however in the kitchen area of the huts of them are always damp, dirty, smell of putrid substances, in spite of the soot from the fire. Thus, although the Chinese for centuries have developed rules against the drinking of raw water, but only to drink boiled water in the form of tea, this fact alone, when considered along with the other vital disorder (of the huts), is not enough to guarantee against plague infection.[58]

[57] Wu, *Plague Fighter*, 566.
[58] Kirilov, *Morovaia iazva*, 18.

Just as the centuries of venerated Taoist medical knowledge was an impermissible accretion to the modernizing medical world community, the centuries of tradition teaching the proper way to prepare and drink tea were equally inappropriate and needed to be readjusted. The particular elements of the *process* which are called into question are deeper than their consequences for the health of the body in and of itself. Kirilov's comments are targeted more at the activity of life than any particular ailment of the physical body. The assessment is mixed, but the end result is a negative appraisal. Although the dishes are "washed" in a certain way, there is a "vital disorder" which facilitates infection. The kitchen reeks of foul smells, and it is apparent that at some point a fire has been kindled in the same area sometime in the past. The activities under observation here – the style of cooking, the drinking of tea, the washing of dishes, the burning of fires, the cleaning of the hut – themselves constitute the most important object of analysis for Kirilov's investigative pathology. Any adverse effects to bodily health are secondary to the exact activities of the tea drinking, kitchen maintaining way of life.

Further unacceptable behavior included the actions taken in response to epidemics, under the pressure of impending crisis and complete social confusion. "China has no hospitals at all, and are in no hurry to allocate them during the time of the plague. In the case of a strong development of mortality from the plague, they arrange various noisy processions of priests, shouting their pleading prayers, do hymns to the beat of drums, rattles and whistles, an orchestra of wind instruments."[59] A complementary set of activities has now come under new observation – the allocation of hospitals, the public processions, the act of prayer and the manner (shouting) in which it is performed, the playing of music and the types of instruments it is played on. Again it is the movement of bodies and the behavior of individuals and crowds which has come under the overt critical gaze of the physician.

[59] Kirilov, *Morovaia iazva*, 48.

Even the most cherished traditions come under scrutiny. When a similar plague hit the Chinese city of Yingkou earlier in 1899, Kirilov reported that the acting municipal authority there ordered the closing of shops and an early celebration of the Chinese New Year. This celebration, to be accompanied with the explosion of thousands of fireworks, was believed by the Chinese to remove the burden of the plague from the city, as the sickness was associated with the old year and would not develop in the next. Needless to say, "…such naïve remedies did not scare the plague, and have not yielded useful results. However this premature celebration of the Chinese New Year is practiced in many Chinese regions. It was also unsuccessfully practiced in Yunnan. Not once in Kangan did the application of this method coincidentally lead to the weakening of the epidemic."[60] This "celebration" (*prazdnovaniia*) was "premature" (*prezhdevremennago*), unsuccessful, "naïve" (*naivnoe*) – altogether inappropriate. In Kangan the celebration was observed as if it was a "method" (*sposoba*), capable, perhaps, of being modified to meet the expectations of the medicalized regimen. During the plague of 1910-1911, these same practices would be encouraged by the Russian Anti-plague Bureau. Wu made note of how the Russian officials advocated the setting of firecrackers "In order to cheer the sad hearts of the people…"[61] The precise cultural significance that such festivity may have had for the Chinese is coldly dismissed. The socio-cultural Chinese worldview, based in an entire national history of looking to the cosmos, celebration, prayers to the gods, filial piety, love for one's neighbors, and a rich assortment of movements and mentalities was incompatible with the other, that of the doctors, based on a calculated methodology of life predicated on obedience and conformity.

[60] Kirilov, *Morovaia iazva*, 53-54.
[61] Wu, *Plague Fighter*, 30-31.

But such jubilations had a two-fold importance. First, they allowed the surviving Chinese to engage in acts which they believed would succeed in "ushering in good luck to the accompaniment of the prolonged din," and "dispelling any evil forces". Second, the Chinese were encouraged to set off the fireworks *inside* their houses in order to satisfy the effect that was of particular interest to the doctors. "From the scientific standpoint, this mass experiment of widespread disinfection with the gases of sulphur from the fumes of the burning fire-crackers, might at least have a salutary effect, on however small a scale, upon the germ-laden air of the "haunted" houses of notorious Fuchiatien."[62] Why Wu must have felt the need to put the word "haunted" in quotes speaks to the degree of seriousness that he felt for the local sensibility. But if the release of sulfur gas might help sterilize the area, then the practice could be scientifically justified. There existed competing rationalities centered on the act of setting off fireworks, but it took the added scientific rationalization of the benefits of sulfur to provide legitimacy to the exact same activity.

The desperate circumstances faced by some people also contributed to an accumulation of deviant activities. Shchusev provides another example of this in one of his works, *Correct Instructions on Plague Infection and Proven Experiences for a Fight with It.* We are treated to another depressing story of Chinese suffering:

> I will tell of another case, when in a Chinese settlement at the Manchuria station there appeared a plague, the road authorities were informed that in one house a few Chinese had died. When they had arrived there and wanted to take the bodies of the dead the other Chinese, formerly with the dead, demanded his clothes, saying that they belonged to them. So these unfortunate few knew the plague and its infectiveness![63]

[62] Wu, *Plague Fighter*, 31.
[63] Petr Shchusev, *Pravil'nyia Poniatiia o Chumnoi Zaraze i Proverennyia Opytom Nastavleniia dlia Bor'by s neiu* (Vladivostok: Elektro-tino-lit. gaz. <Dalny Vostok>, 1911), 12-13.

Whether or not there is any veracity to this story – generally in many East Asian societies it was considered taboo to take possessions belonging to the dead – is not important. What is intriguing is that this is how Shchusev chose to portray these Chinese plague victims, with questionable behavior and willingness to defy authority. He chose to highlight very specific aspects of the incident indicative of deviant behavior. The compatriots of the deceased plague victim "demanded" (*trebovali*) the clothes, thereby redistributing the nexus of authority from the responding officials onto themselves. They "knew" (*znali*) of the plague and its potential for devastation, but insisted in their aberrant behavior in any case. Given the residents' knowledge, as well as injunctions in Shchusev's other writings, their willingness to accept plague infested clothing and put it on their own body also constituted a grave behavioral injustice. These decisions contrasted what were the established European norms of civilized behavior in situations of emergency. Ultimately the other residents are described as "unfortunate" for reasons the author leaves ambiguous. Were they unfortunate because their actions led to personal contraction of the disease? Was it because they, in extreme grief over the loss of what may have been loved ones, felt the need to challenge the preordained distribution of power and demand material mementos from the deceased? Or was it because these people, in their abject poverty, had resorted to reclaiming the vestments of the dead for want of anything to keep them warm from the freezing January winter?[64] Certainly these were circumstances serendipitously avoided by more fortunate western urbanites enjoying the fresh air and "Russian Life".

For Shchusev and other Russian doctors, communicating with one another through their narratives and publications, the way of life was on display for observation, consideration, and judgement. One need only look a little further back in Shchusev's *Correct Instructions* to identify his position on such "unfortunate" (*neschastnye*) souls: "Uneducated people understand

[64] Shchusev earlier makes mention of what time of year it was in the chapter: the month of January, 1911.

very little about these prohibitions and therefore very often infect both themselves and others."[65] In this part of the book, he is referencing the motions of arms, hands, and fingers in places where the plague "runs rampant" (*svirepstvuet*). These "uneducated people" are assumed to possess such little common sense that they are reasonably expected to willingly touch the dead bodies of plague victims without disinfecting themselves. We have already seen the most favorable solution: the implementation of a corrective regimen. This manifested for Shchusev in the hands, fingers, tongues, and other parts of the body, for Kirilov in merriment of celebration and of the containment of medical panic, for Wu in the selective admission and prohibition of various forms of education and styles of medical practice. For all doctors, it would be accomplished with the regimentation of human activity generally.

A "Sober" Life

And so, the regimen came creeping in to the publications on plague and public health at the beginning of the twentieth-century. Sometimes its expression was subdued, other times it was quite forthright. There was already a precedent for such a kind of writing on the hazards of individual and social deviance. Obsession over abnormal society, coupled with the explosion of professions in the social sciences, enabled a new, critical gaze over the social body and its consequences. In Russia, a new army of professional anthropologists, sociologists, criminologists, psychologists, and psychiatrists were producing a rich literature to teach the Russian people just how degenerate they really were – first, as a working explanation of their deviation from modernity and, after the revolution, that plus the added pejorative of not being good socialists.[66] This long revolutionary period exemplified perhaps the highest extremity of

[65] Shchusev, *Pravil'nyia Poniatiia*, 12.
[66] An excellent overview of some of the strands of pre-revolutionary Russian deviation theory are provided by Daniel Beer in *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930* (Ithaca: Cornell University Press, 2008).

disparity in affluence, power, prestige, opportunity, and hope between all the classes of Russia's increasingly beleaguered peoples. This was a period in which an individual's status as an Orthodox Christian, their occupation, their gender, their position within municipal or regional bureaucracies, were all looked upon by this army of professionals as reflective of the success or failure of their general way of life.[67] It is ironic that to have been a doctor was considered by many within the government to itself be a semi-degenerate position, requiring the lowest level of specialized university education available, when it would be this cohort which was to set the guidelines for normativity during the Manchurian episode.[68]

"European medicine teaches what the doctor's purpose is, who he will help, not only to treat sickness but also to prevent its emergence."[69] So begins Petr Shchusev's medical treatise on Manchuria's epidemic, *The Shortest Handbook: For Physicians Assistants and Personal Assistants of Antiplague Units Compiled During a Working Trip to the Far East in 1911*. In Russia's small but growing community of experts in epidemiology and preventative medicine, Shchusev was well-known and his work was respected in Russian medical circles. He had previous experience with the Anzob plague, which struck Turkestan in 1898, during a professional trip he had taken there as a first responder. He kept a consistent communication with other doctors in his specialty and often cited their works in his own publications. In short, Shchusev was perfectly positioned to determine on how both responders and the inhabitants of the Russian Far East were expected to behave.

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[67] See, for example, Sharon A. Kowalsky, *Deviant Women: Female Crime and Criminology in Revolutionary Russia, 1880-1930* (Dekalb: Northern Illinois University Press, 2009).
[68] Nancy M. Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856-1905* (Princeton: Princeton University Press, 1981).
[69] Petr Shchusev, *Kratchaishee rukovodstvo dlia pomoshchnikov vrachei I sluzhashchago personala protivochumnykh otriadov* (Vladivostok: Tipografiia Gazety "Dalenaia Okrana", 1911), 7.

This behavioral aspect of prevention was the real purpose of the handbook, as it was based on Shchusev's reflections of a time after which inoculation against the plague was no longer an option. Proper prevention was guaranteed through the strict observance of a medically-authorized regimen, and its efficacy was directly correlated to how exhaustively said regimen attempted to regulate every facet of a person's way of life, from the overt rituals of daily living to the most discreet minutiae of bodily movement. To protect oneself from infection, it was necessary "to protect yourself by all sorts of measures so that the plague bacillus does not penetrate the lungs, on the mucous membranes, or, through injured skin, into the body."[70]

What sorts of these "measures" (*mery*) were expected of the population? Shchusev's regimen was broken into a (relatively short) list of thirty-two expectations. These expectations became the guidelines for the performance of an acceptable way of life. Prevention always entailed destruction of "impurity" (*nechistota*) which could only be accomplished through adherence to a regimen of proper hygiene. The medical assistant was expected to wash his hair, hands, and body with disinfecting soap, maintain the cleanliness of the mouth and skin, and consistently wash his dishes and apartment, which was always to be well ventilated.[71] Other physicians similarly stressed the signal importance of maintaining a proper regimen of hygiene and cleanliness. Dr. Rosliakov' also maintained the importance of similar regimens. "In order to protect yourself from the plague it is necessary to keep your body, clothes, and home clean and to obey all the well-known hygienic rules."[72] He added that "Much more important are the public measures to combat the plague."

If the measures ensuring good hygiene seemed reasonable, one should nevertheless not ignore evidence that they were intended as a soft-pedaled introduction to the more invasive

[70] Shchusev, *Kratchaishee rukovodstvo*, 15.
[71] Shchusev, *Kratchaishee rukovodstvo*, 16-17.
[72] Vrach Rosliakov, *Chuma* (Vladivostok, 1910), 14.

requirements of the regimen into the daily lives of the people. In it, Russian physicians hoped to see not just the routine readjustment of habits of cleanliness or purity. Rather the regimen called for a complete renovation in the way people moved their bodies, exercised their power of independent and discretionary activity, directed the energies of their thoughts, emotions, impulses, and anxieties, and, simply, comported themselves in the face of a dire struggle for survival. Shchusev could not have been clearer on this point: "In the time of plague epidemic it is necessary to lead a sober life, in order not to lose reason there, where it is easy to distinguish the permissible from the impermissible. Impermissible behavior brings with it death for the offenders and those surrounding them."[73] The handbook was directed at medical assistants of the responding doctors in the Far East, but its ramifications spread across the entire social body. Of course, it was only for the European-trained Russian doctors to decide what could be considered "permissible". Again, "It should be clearly aware, that by the main actors in the fight with plague are the doctors and government. Their instructions, based on experience and knowledge, must be performed accurately and without objection, in order to avoid damaging yourself and friends; then help will be reasonable. Whoever cannot do this will be ejected from among the assistants." First point. Furthermore,

> Knowing what kind of plague, how to protect yourself from it, and what the doctors and government are doing for protection against it, must spread this useful information among the people so that he can keep them unafraid of the medical personal, of the disinfection, of the quarantine, of the treatment, so that everyone does this for his own good. The point everyone knows, that, when there was not European trained doctors and scientists of bacteriology, the plague decimated not thousands, but millions of people.[74]

Fourth point. Within the span of one page, Shchusev has set the conditions for the appropriation of the regimen into the way of life of the peoples of the Russian Far East, its codification, and its

[73] Shchusev, *Kratchaishee rukovodstvo*, 17-18.
[74] Both quotes come from Shchusev, *Kratchaishee rukovodstvo*, 16.

superimposition onto already existing rituals of life and death. The language and pacing of the text is both powerful and urgent. Life must be "sober" (*trezvyi*). "Offenders" (*provinivshagosia*) who commit the ambiguously defined "impermissible" (*nedozvolennago*) bring nothing but "death" (*smert*). The power to determine what is permissible lies entirely with the "doctors and government" (*vrachi i pravitelstvo*) who, through their combined "experience and knowledge" (*na opyte i znaniiax*) are the only agents capable of prescribing an acceptable program by which one may appropriately live their life. What's more, the assistants are charged with spreading this "useful information" (*poleznyia svedeniia*) amongst the people to keep them free and unafraid of the doctors. Later Shchusev will demand strictness in "purity and neatness" (*chistoty i akkuratnosti*), encouraging family members and other residents to reveal the shortcomings of each others' ability to adhere to the principles of normal health proscribed to them by the doctors.[75] Russia's medical panopticon here has become fully visible in the regulation of the assistants and patients. But the inscription of power has not taken place on their bodies, or through the creation of categories such as prisoner, patient, insane, sexual deviant, etc. Instead, this medical power manifested itself in the actions of individuals, their movements, expectations, and regimented behavior.

The activities which were managed went far beyond simple hygiene. A normal life included the avoidance gossip and "tips and conspiracies against the plague of people ignorant of medicine, since they are sometimes just as dangerous as the plague." One should avoid wiping their nose or sticking their fingers in their mouth, for the plague bacillus could be lurching just out of sight underneath the fingernails. One should not use their tongue to dampen envelopes, and when turning the pages of a book one certainly must not lick their finger to do so. It was of the utmost importance that one not "nibble on sunflower seeds, nuts, or other treats which are

[75] Shchusev, *Kratchaishee rukovodstvo,* 18.

sold in trays" because, again, the villainous bacillus would be patiently awaiting to strike.[76] It was in fact quite common for most (if not all) of the foods available for public consumption to be deemed hazardous to one's health and thus avoided. In the market, "Market greens, fruit, fish, game, etc.." were to be kept under a cover for fear of their contamination with an airborne plague bacillus.[77] In this environment, fear of the invisible *pestis* provided the rationale for all paranoia of infected products. More specifically, fear of the perceived *future* threat of infection provided rationalization for the prohibitions being taken against the plague in the present. It was, as Brian Massumi has commented on the palpability of future danger in the present, something not actually real that could be "felt" into existence.[78] The threat was affective, existing only in the realm of anticipation, outside of consciousness or sensibility, the inevitable consequence of prohibited activity. Of course the physicians could understand it, for they had the benefit of one hundred years of developments in microbiology and bacteriology to teach them the exact shape the bacillus could take and where its particular movements would allow it to land. For the common person, medical assistant, or plague patient, however, this knowledge was inaccessible. Their exposure to such knowledge could only ever be indirect, the consequence of which was not genuine understanding, but only a mechanical reorientation of habit.

Medical authorities also heavily monitored the movement of goods, itself also associated with concepts of health, hygiene, and cleanliness. The account left behind by the British journalist and natural historian Basset Digby and the American ethnographer Richardson Little Wright, which documented their travels through Russian Siberia, recounts the comments of one

[76] Shchusev, *Kratchaishee rukovodstvo*, 18-19.
[77] Kirilov, *Morovaia iazva*, 35.
[78] Brian Massumi, "The Future Birth of the Affective Fact: The Political Ontology of Threat," in *The Affect Theory Reader* ed. Melissa Gregg and Gregory J Seigworth (London: Duke University Press, 2010), 52-70.

Mr. Norman, the chief of the Chinese section of the Russo-Asiatic bank of Kharbin after the conclusion of the plague. According to Norman,

> The Chinese, not only the ignorant coolies but middle class Chinese, men of common sense and some acumen, held and hold to-day that pneumonic plague is simply and solely a sort of sickness induced by their having been forced to smoke opium of indifferent quality. If you reason with them, they point out that whereas the class most hit by the high cost of good opium—the coolies, un skilled laborers —supplied ninety-five per cent, of the victims, very few native merchants and traders, men who can afford to pay a good price for their pipe fuel, were hit. But even the Chinese now realize the seriousness of the malady and the wisdom of paying attention to the precautions advised by doctors.[79]

Furthermore,

> We European residents had not much fear for ourselves. It has been our experience that unless some of the saliva of a coughing plague-stricken person was received on the skin, there was little danger of infection. There was some apprehension, however, as to the part the currency might play in conveying germs, especially as the pockets of dead plague victims were robbed. Banks and even shops, at frequent intervals, subjected all Russian and native paper money to a stringent sterilization by super-heated steam, and coins were treated with sublimate.[80]

Opium and money here are two commodities which have become the next focus of the regimen. Norman's description typifies the expectations that Russians had for themselves and for the Chinese "coolies". European residents "had not much fear" besides the rampant stupidity of even middle-class Chinese men who insisted on smoking inferior grades of opium and especially of the lower-class peasants, for whom it was not unusual to rifle through the pockets of deceased plague victims in desperate search for some coin, surely to be contaminated.[81] Of course, in the end those same people had learned the error of their ways and begun "paying attention to the precautions advised by doctors". Those precautions would entail important facets of the entire living regimen these doctors were trying to introduce to the Far East. Opium and money now

[79] Quoted in Richardson L. Wright and Bassett Digby, *Through Siberia: An Empire in the Making* (New York: McBride, Nast & Company, 1913), 220-221.
[80] Quoted in Wright and Digby, *Through Siberia*, 221.
[81] Wright and Digby, *Through Siberia*, 222.

became objects to be carefully observed, tracked, and disinfected by responsible parties (paper money became "subjected" to a regimen, coins became "treated" by another). Not only these but also the movements of other goods and peoples – passengers traveling on Russia's rail lines, tarbagan skins, leather, furs, animals, and food which originated from plague regions, convicts and other people on cargo ships, immigrants – became the targets for medicalized control.[82] Even Kirilov recognized the need to tightly control the movement of commodities: "Door to door trading (peddling) is strictly regulated and is not allowed."[83] Instead, goods of an "edible" character had to be furtively exchanged through an elaborate system of basements which served as makeshift marketplaces, safely hidden from watchful eyes.

Successful implementation of the regimen naturally supposed an elimination of degeneracy in the Far Eastern way of life. In another work, published two years after his involvement with the plague, Kirilov attempted to investigate the sources of abnormality and degeneration in Asian populations. The report he presented to the Amurskii Department of the Imperial Russian Geographic Society, concisely entitled *Korea*, outlines his position on some important issues. After a visit in 1896 to a prison in southern Sakhalin, Kirilov realized that there were "no opportunities [at the prison] to study the type of degeneracy according to its normal."[84] Instead he concluded that "By attentive consideration of the physical peculiarities of the serious criminals I unknowingly had come to the conclusion concerning the inapplicability of

[82] William C. Summers, *The Great Manchurian Plague of 1910-1911: The Geopolitics of an Epidemic Disease* (New Haven: Yale University Press, 2012), 62. Also, this would not be the only time the Russians recognized the need for heavy surveillance of their extensive rail lines. All throughout the construction and completion of the Trans-Siberian railway, Russian authorities were aware of the devastating capabilities of this form of transport to quickly spread infectious diseases. For an excellent overview of the measures taken by Russian railway authorities and health officers to sanitize the lines and isolate possible plague carriers, see Carl F. Nathan, *Plague Prevention and Politics in Manchuria, 1910-1931* (Cambridge: East Asian Research Center, 1967), 17-19, and for a very edifying account of the consequences of epidemiological consequences of poor railway management, especially during wartime, see Robert Argenbright, "Lethal Mobilities: Bodies and Lice on Soviet Railroads, 1918-1922," *The Journal of Transport History* 29, no. 2 (2009): 259-276.
[83] Kirilov, *Morovaia iazva*, 35.
[84] Nikolai Kirilov, *Koreia: Mediko-Antropologicheskii Ocherk* (Khabarovsk, 1913), 2.

anthropological criteria to the common types of perversions of social instincts, as these legal abnormalities (in the regions of judicial responsibility) are acquired phenomena, the result of the education of individuals in the vast majority of cases."[85]

By "anthropological criteria", Kirilov was referring to the groundwork which had previously been laid by the Italian physician, psychiatrist, and criminologist Cesare Lombroso. The work of Lombroso has already been assiduously researched by many social historians of the nineteenth-century; among these scholars Daniel Pick is of the most remarkable. Pick argues that Lombroso's theory of criminality recognized a fundamental fatalism in the nature of the criminal; the criminal was inherently defective from birth and represented the manifestation of social atavism which contemporary social scientists believed was plaguing Europe and contributing to the moral degeneration of Europeans.[86] The theory of the "born" criminal is one of Lombroso's most famous proclamations, one he expresses right away in his most famous criminological work, *Criminal Man*: "If we compare criminals with the insane, we find the former exhibit a similar or perhaps greater number of cranial abnormalities. This is not surprising given that most of the insane are not born so, but become mad, while criminals are born with evil inclinations."[87] Much of Lombroso's work consists of charts and tables with anatomical data of the criminal cranium, connections of psychological disabilities such as epilepsy to latent criminality, and detailed physiological and anatomical illustrations of criminal atavism and its manifestation in the cranium, face, and other remarkable parts of the body. In his research, Pick has adequately demonstrated how influential these associations between anatomical atavism and criminality were throughout Europe in the nineteenth-century, and other

[85] Kirilov, *Koreia*, 2-3.
[86] Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848-c.1918* (Cambridge: Cambridge University Press, 1989), 111-132.
[87] Cesare Lombroso, *Criminal Man*, trans. Mary Gibson and Nicole Hahn Rafter (Durham: Duke University Press, 2006), 48.

historians, such as Sharon Kowalsky and Daniel Beer have shown that Lombroso's theory of degeneration was a very powerful force in Russian medicine, helping to shape constantly shifting conceptions of the "normal".

Kirilov reflected Lombroso's work, but added to it the principle that abnormalities are "acquired phenomena", typically arising out of an individual's education. They are not so much connected to the physical body; anatomy plays a much smaller role in generating abnormality than does reinforced activity. It is not clear whether Kirilov was simply misunderstanding Lombroso's work or if he was picking pieces of it which best conformed to his own theories of medicalization. It is likely that he was familiar with the contemporary discussion taking place in Russian intellectual debates. While Lombroso certainly had his adherents, by the 1880s many Russian theorists were rejecting atavism as the essential characteristic of the criminal. Instead, alternative causes for criminal behavior were being sought in the environment and in the deplorable social conditions many Russians were forced to bear in the midst of the peak of modern industrial expansion and urbanization. Modernity itself was at times looked upon as a catalyst for social degeneration, as the German psychiatrist Wilhelm Griesinger claimed: "the much discussed and ambiguous question, whether *the progress of civilization* has increased the number of [certain]… diseases."[88] Beer has noted this theoretical shift in perspective: "Indeed, the intellectual tide had now turned firmly against the theory [of atavism], and a broad consensus had emerged on the primacy of *acquired* pathological heredity within the etiology of crime (emphasis added)."[89] Thus there was a move in both the Russian social sciences and medicine to understand degeneration in terms related to experience, not determination. In dealing with the

[88] From Wilhelm Griesinger, *Mental Pathology and Therapeutics*, a facsimilie of the English translation of 1867, introduced by Erwin H Ackerknecht, New York, 1965, quoted in Pick, *Faces of Degeneration*, 11.
[89] Beer, *Renovating Russia*, 105.

plague outbreak, Kirilov, as with other published doctors, took this as a means to promote the regimentation of behavior in the Far East.

Healthy bodies in the Far East became "normal" in the sense that they did not significantly deviate from the proscribed composition, functionality, or activity deemed appropriate by physicians. The concept of the 'normal' had a powerful effect in imperial Russia which eventually moved beyond the reach of university classrooms and autopsy tables. It came to encompass an entire philosophy of living. Deviation and deviance theory similarly came to describe individuals who did not appropriately fit into the scientific molds being created to represent the ideal medicalized body. But if "aesthetics" could be translated into the clinical regulation and maintenance of the appropriate shapes of normal bodies, the "moral" criteria required a move into temporal regulation, one which relied not on how the individual's body appeared, but on how a person behaved in his natural environment.

The only solution possible was one which inquired of the entire specimen of life: the "how" and "in what manner" became just as important as the "what" or "in what form". A gradual regimentation of individual and societal life was the result. For Russia's responders, the emphasis was put on making individuals not just by creating truths to be realized in the normalized body but also by medicalizing human behavior, in which just as much reality about the individual could be produced. In some instances it seemed as if the body was itself not even that important to the production of medical truth during the plague. This was apparent, for example, in the disposal and burning of plague corpses. The images illustrate a particular apathy in the disposition of the authorities charged with this task. They stand in a peculiar way: somewhat indifferent, somewhat authoritative they loom over the bodies of the deceased with a purposeful gaze – there is still work to be done. The corpse itself may no longer bear the signs

which once conferred the inescapable identity "infected", but there is still a set of movements which it is expected to undergo. It will be moved to a mass grave and then incinerated, two *actions* which symbolically demonstrate the importance of the regimen in determining the appropriate actions a body must take even after life has been extinguished from it. When there was no longer any physical remains left which might have possessed trace vestiges of medical power, the subsequent procedures for cleanup and the preparation of fresh mass graves took their place as representatives of this power in a network of activity centered on the departed. Mass cremations of the sort were not unusual during the epidemic; they were in fact so common that antiplague authorities in Harbin proceeded to dig up previously buried corpses for this same purpose.[90]

[90] Strong, *Report of the International Plague Conference*, 205.

Figure 1, A Plague Corpse, Devoured by Dogs. Images 1-5, 7-8 from "Chuma v Manchzhurii," located in the Russian Northeast Asia Collection, Hamilton Library, the University of Hawaii at Manoa.

Трупы чумныхъ, выброшенные китайцами въ окрестност. г. Харбина и Фудзядяны.

Figure 2, Corpses of Plague Victims, Discarded by the Chinese in the Open, the city of Kharbin and Fudziadian.

Массовое сжиганіе труповъ чумныхъ въ китайскомъ гор. Фудзядянѣ.

Figure 3, Mass Burning of the Plague Corpses in the Chinese City of Fudziadian.

This latter form of moral criteria is what Foucault had in mind when he spoke of the governing of bodies through the production of truth. Throughout the nineteenth-century the creation of medical truths enabled physicians in Russia to engage in a new style of treatment, a style whose premises were located in the way of life of individuals just as much as in their physical body. The regimen emerged as the only way to defend the normal. If the ways of life exercised a significant effect on generating deviations from the appropriate structure and function then the only way to counteract this was to implement a style of treatment which moved beyond the corporeal observations of the individual into the temporal extension of his entire life. "But, rather than measuring this regime against a value-of-reason, I would prefer to analyze it according to two axes: on the one hand, that of codification/prescription (how it forms an ensemble of rules, procedures, means to an end, etc.), and on the other, that of true or false formulation (how it determines a domain of objects about which it is possible to articulate true or false propositions)."[91] These prescriptions, rules, and procedures, taken to their extreme, constitute a unique type of extended control over human activity and behavior: "Perhaps, but more certainly and more immediately it [a change of attitude in penal punishment] was an effort to adjust the mechanisms of power that frame the everyday lives of individuals; an adaptation and a refinement of the machinery that assumes responsibility for and places under surveillance their everyday behavior, their identity, their activity, their apparently unimportant gestures; another policy for that multiplicity of bodies and forces that constitutes a population."[92] The "activity" and "apparently unimportant" daily routine and mannerisms of individuals became for nineteenth-century Russian medical practitioners indistinguishable from their physical and mental health.

[91] Michel Foucault, "Questions of Methods," in G. Burchell, C. Gordon, and P. Miller (eds), *The Foucault Effect: Studies in Governmentality* (Chicago: Chicago University Press, 1991), 79.
[92] Michel Foucault, *Discipline & Punish: The Birth of the Prison* (Vintage Books: New York, 1975), 77-78.

It is unsurprising that the necessity of the regimen became apparent not only to Foucault. Scholars today see individual and public health as institutions capable of destroying personal freedom and essentializing power over the body to fabricate individuals and groups of people according to their own sets of assumptions.[93] The creation of appropriate individuals necessarily implies a regimentation of their daily lives. "However, a growing critique of public health and health promotion has challenged the notion that the state has a right to 'interfere' into the everyday activities of its citizens."[94]

Much of this discussion, which fixates itself on creation of individual bodies and their social identity is a specifically applied panopticism. We can see Foucault's emphasis on the surveillance state and the conditioning of the body coyly make its way in to most all contemporary sociology as well as the history of medicine, the physician, and the creation of modern society. "The efficiency of power, its constraining forces have, in a sense, passed over to the other side – to the side of its surface of application. He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection."[95] Within the context of the doctor-patient relationship, this "surface of application" is the individual. The power which "plays" or "inscribes in himself" has been too freely interpreted to manifest as the body-as-object. Foucault here is saying that as this body becomes the nexus of the power/knowledge relationship via the discourse of professionalized medicine, it in some ways becomes a mere production, a teleological end result of embodied medical knowledge. Although

[93] See Rose, N. and Miller, P., "Political Power Beyond the State: Problematics of Government," *British Journal of Sociology* 43 no.2 (1992): 173-205.
[94] Deborah Lupton, *The Imperative of Health: Public Health and the Regulated Body* (London: SAGE Publications Ltd., 1995), 2.
[95] Foucault, *Discipline and Punish*, 202-203.

the historical discussion of medicine considers the role played by the regimen, the manipulation and regulation of the conditions of daily living, and the practical responses to it, the regimen becomes merely a means to reach the finalized version of the created state and social individual. The tendency for social historians to treat the modern western medical canon as a "symbolic system of beliefs and a site for the reproduction of power relations, the construction of subjectivity and of human embodiment"[96] must be reconfigured to recognize this "embodiment" both in the corporeal body as well as the temporal. As we have seen, such was certainly the case in Russia's response to life and death during the plague.

Our cumulative observations allows us to see how the medicalized regimen anticipates a kind of *submission* in the population which manifests at a subconscious level. Let us take once more Kirilov's example of the restaurant. Here we have a structure which causes both a natural and a social submission in all of the people interacting with it. Most of these people had no hand in creating it; they were not the architects or city-planners who drew up its design, the engineers or other construction workers who saw to its material realization, the ministry of urban affairs which supplied the lease for the land or any of the staff who work the premises. But the building itself still served as a physical barrier which forced submission much the same way natural barriers do to those who come across them – the land underneath the building was no longer accessible, the materials constituting it could no longer be acquired for use, based on one's position the building now blocked certain views, etc. But there was also a form of social submission which came with the way one interacted with the restaurant, and this form was under the control of certain human actors. The social laws governing the restaurant's functioning relegated the activity of the individual, what ways he or she was or was not allowed to interact

[96] Lupton, *The Imperative of Health*, 4.

with materials belonging to it, behave in or around its premises, engage with staff, and make use of its resources. However, these restrictions worked on the individual at a *subconscious* level; in Kirilov's restaurant the nameless actors who show patrons around certainly are not trying to showcase limitations of movement, but rather the opposite. Then, even if an individual had subconsciously limited his or her activity to an acceptable standard, the degree to which he or she may have used the facility as permitted by its owners was further restricted. Patrons were only permitted to see certain aspects of the business while others were kept hidden from view. Their activity was limited to an appropriated subset – they could be diners, visitors, inquirers, perhaps performers, but not other things. In this same way the activity of restaurant staff was also limited – very rarely if ever could they have been patrons to their very same place of work. Movement inside the restaurant was similarly restricted; many rooms, drawers, and various other compartments were off-limits.

The goal, at least in the Russian case, was to use the complexity and multiple domains of power to effect a subconscious submission on the combined movement, activity, behavior, and disposition of an entire population. In these places, activity was relegated. There existed a particular set of expected and appropriate behaviors one was able to engage in. A person could not go into a restaurant and, for example, set up a tent. They could not smoke a cigarette in a sanitation station or a quarantine zone. They could not become a feldsher without a diploma.[97] However, inside certain establishments, and within the constructions variously erected around them, individuals were constantly assuming new identities. In a classroom one is either a student or a teacher. In a restaurant one can be a patron or a workers. In a plague barracks or quarantine, one might be a doctor or a "victim". Not only in their physical movement (i.e. the presence of an obstruction such as a building) or in their assumed responsibilities and

[97] Shchusev, *Kratchaishee rukovodstvo*, 24.

appropriated behavior (i.e. requirement of personal hygiene, keeping one's home clean, etc.) but even in the way they were allowed to exercise their own agency in accomplishing these tasks, the regiment forced submission at such a fundamental level that individuals subjected to it did not even recognize how firmly into their way of life it been implemented. Thus, Shchusev's prohibitions against the licking of fingers and envelopes served as just two examples of the larger reach of medicine in the Russian Far East. The desired outcome was the complete regulation of individual life not only in the production of truth, say, in the body or in the medical textbooks but also in the most innocuous minutiae of how people could interact with the world around them. This totality of subconscious submission was to be accomplished by an equal measure of totality in the regimens forced on the obedient, medicalized Far Eastern subjects.

Chapter 3. Compatible Activity

In 1887, an outbreak of the plague struck the southern Mongolian town of Ashti, where "in the upper reaches of the Onon River, a drunken Cossack forgot the need to strictly observe safety precautions. Finding a plague-stricken tarbagan, by making an incision on the foot, [he] hastened to leave from that dangerous place, but though he cleaned it, there were traces of the tarbagan blood on his knife; he went to a tent (yurt) and with this knife cut bread, and within two days died in this yurt with a guest from the plague. The visiting doctor Ashman and the feldsher Udin upon opening (the tent) quickly became ill and died."[98] A depressing prelude to the catastrophic conditions Russia was soon to encounter in 1911. Several years after the incident, an article memorializing and honoring the sacrifices made by responders to the Manchurian Plague appeared in a Soviet newspaper, which read as follows:

> Truly heroic was the work of the doctors. They not only worked in the plague barracks but also investigated slums, in the stink and dirt, among the dead bodies they searched for the sick, in which there flickered some life. Sometimes among the bodies there were miraculously healthy children. So it was that they found the young Chinese boy Yang Goi and the five year old Natash – daughter of an employee of the CER. Sanitary officers searched for bodies with germs, exported and burned them in special pits, where they could not disinfect [them], and burned the slums. By the spring of 1911, the epidemic carried away around 100,000 lives [of those who] were liquidated. Difficulty was given to the victor. 942 medical workers were killed by the plague. In this sorrowful list were the Russian doctors M.A. Lebedeva and V.M. Mikhel', the French doctor Mene and the Tibetan healer Eshilobsan, nurses and volunteer students.[99]

Here we may compare two different narratives, printed and distributed decades apart, published by two different authors of unrelated agendas and with entirely distinct social and political forces at work behind them. The former was written by Kirilov and served as the

[98] Nikolai Kirilov, *Morovaia iazva ili liudskaia chuma na dalnem vostok* (Vladivostok, 1910), 2. Kirilov and other specialists had commented on how local hunters and nomads had devised a quick method of determining whether a dead animal had been infected with plague: after making an incision somewhere on the animals corpse, plague infection was confirmed if the blood congealed before reaching the surface of the skin, instead of flowing freely from the wound.

[99] "Chumagon," *Krasnoe Znamie*, March 30, 1991.

opening anecdote to his book - the touchstone from which the remainder of his subsequent observations, judgements, and recommendations on the plague and its consequences would follow. "Drunken," forgetful Cossacks, their asinine behavior both when manipulating the dead animal itself and upon their return home, along with the unavoidable fate of all involved – infection and death – provided both the sanguinity and the necessary contextual milieu of backwardness and ignorance which would allow the conclusions throughout the rest of his book to resonate back to an already familiarized attitude, namely, that such behavior was unacceptable and in need of immediate reform. The latter, a newspaper article that appeared in print at the embryogenesis of post-Soviet Russian society, speaks proudly. The images of "heroic", determined, and inevitably "victorious" responders clambering over piles of corpses while looking for any sign of life among the putridity and the stink of death must have left for its Russian speaking audience a profound sense of patriotism at a time when Russia desperately wanted to improve its floundering international post-Communist relations. These writings were produced during different historical epochs, under a litany of restrictive agents all seeking to assert their authority as they directed these narratives down regulated and somewhat predictable paths of production. However, there is at least one point of consistency between these variable visions of emergency – the fundamental characterization of the doctor-as-actor in the fight for survival.

The significance of this characterization should not be overlooked when interpreting the responses to plague outbreak in the Far East and their repercussions. With it, the doctor appeared in a new form, and he was endowed with a new series of qualifications which conditioned both his professional and private activity in the local sphere. His behavior could no longer be conceptualized only as the ideal medical normativity to be materialized as the

regimented set of established rules, procedures, guidelines, suggestions, or orders which came about through his adherence to an infallible scientific creed. Instead, he emerged on the scene as a *participant* in the struggle for survival and, as such, his own activity, indiscriminate bodily motions, capacity for judicious decision making and spontaneity – in short, everything underlying not the product of his work, but the internal mechanism by which he operated, could itself become subjected to the scrutiny of the very same regimen that was previously employed in the routinization of lives other than his own. That the doctor's thoughts and work emerged as something tangible, capable of critical reflection, itself went hand in hand with the growth of professional classes and associations in late-imperial Russia. Ideally, it was, as historian Joseph Bradley has commented, the goal of these associations to create a public identity for the new scientific (and other) communities, one which people could recognize and which would signify the civic duties of specialists and other professionals.[100] However, this "identity" as a public servant, an interpreter of law, a medical expert, that is, any person endowed with certain mysterious knowledge that allowed him to carry out a very critical public function, no matter what level of actualization it may have attained per the standards of professionalism, was by necessity a reflexive property when adapted to real world situations. The doctor that emerged was therefore cut from a very different mold of what professionalization itself precisely expected of him.

Because responders to the plague in the Far East and Manchuria participated directly in the same experiences as their patients, because they moved and operated within the same enclosures as the sick, communicated with them, interfaced with them at a face-to-face level, fought with them, struggled and, in some cases, died with them, their activity was predicated on

[100] Joseph Bradley, "Associations and the Development of Civil Society in Tsarist Russia" *Social Science History* 41, 1 (Spring, 2017): 19-37.

more than an aloof professional distance and abstract medicalized doctrine. In the performance of their duties they often times slipped up, as it was, and made the mistake of identifying too closely with the "other" (defined more by its general deviation from the doctor's expectation rather than any identifiable ethnic or national trait), generating a bond approximating too closely to the "human" level that they found themselves staggering into a space somewhere between the professional and the personal, the distant and the proximate, the detached and the compassionate. We see, for example, an almost complete reversion of the professional discourse in the writings left behind by Roger Baron Budberg, one of the leading plague experts sent to Manchuria at the climax of the Manchurian Plague. Budberg, as with many of his contemporaries, developed personal attachments with his patients which soured his views of the Eurocentric program of medicalization.

Personal attachments, feelings of affection, the rhetoric of the "hero", and the like, however, certainly did not preclude the priority that medical authority assumed. Whatever their feelings may have been towards victims of the plague, these doctors still believed in their own predominance in the local operative hierarchy. As representatives of a nascent medical association, responders believed it fully within their right to enforce their version of healthcare anywhere in the world through the scientifically-justified application of modern, professionalized medicine. The sympathetic *mestnye narody*, whose suffering elicited compassioned response, was unequivocally forbidden to influence decisions being made on their own behalf. And because these doctors were operating at a time when research and knowledge of the underlying microbiological, epidemiological, and transmissive determinants of plague was in its infancy, the full extent of the ramifications of epidemic, including the necessity of preventative measures, were best understood only by those individuals who had already devoted the greater part of their

lives to studying and writing about them, namely, the doctors themselves. Ultimately, the cadre of doctors at work in the prevention of plague in the Far East exhibited a kind of group solidarity that before all else contributed to their cooperative relationship with one another. The idea of the regimen that they produced was not an abstract idealization but rather a very specific one, based on their combined knowledge, experiences and shared humanitarian expectations. Therefore, such a compact, self-legitimating community of doctors naturally balanced their feelings of compassion, which were very much genuine, with a sense of ethical paternalism that convinced them of the superiority of their own regulations and treatments over the opinions of their patients.

It will be useful, then, to point out some of the forces that guided the behavior of both doctors and patients during the plague, which will demonstrate that their activities can be thought of as somewhat compatible, but not equal. These activities had been influenced by a sense of urgency and suffering, in which responders and their patients shared in both their fight with and the dramatic consequences of the plague. Unfortunately, there existed an unequal distribution of authority and decision-making power between foreign doctors and plague patients in the Far East. The provisions that were taken, and the literature that was correspondingly produced, in response to the affliction was characteristically skewed in favor of professional opinion. The end result of direct involvement with medical emergency, however, was the inevitable deviation of individuals from the tenets of both professional discipline and medical normativity. Upon closer examination, I hope to demonstrate how the activity of all actors in the Far East accords with Foucault's notion of "docile bodies" while at the same time challenging some of the more conservative representations of late-Imperial Russian Orientalism. The unpredictable sequence of events at the ground level, combined with the consistently shifting dynamic that existed

between people, enabled enough autonomy in individual movement and decision making as to prevent the realization of an ossified code of relations or utter deference to the regimen's convenient intellectual model during this period. The result was the ascension of a combined body of doctors, doctor's assistants, living inhabitants, plague patients and the dead whose movements and behavior defied regimentation or definition. This fact, however, in and of itself, is not surprising, given that the regimen was always an abstract ideal, not a genuine result. In this way the regimen, such as the story of the modern state, set extraordinary expectations in the hope that at least some part of them would be fulfilled. But it was simply impossible that the entire edifice of medical expectation could ever be fully realized.

Active Bodies

During the Great Manchurian Plague, patients rightly feared Russian doctors and the police. The stories which circulated throughout households in Fudziadian – that the Russian government was using the epidemic as a pretext to evict Chinese residents from their houses so they could be confiscated, that Russian doctors would take suspected plague victims and pack their bodies with ice to prevent the spread of the disease, that no patient who ever went inside of a plague hospital ever came out of it, and so on – invigorated an impulse to collective action in the population.[101] The simplest and most direct form of resistance to the regimen was flight. Many of the Chinese inhabitants of Fudziadian were migrant workers who, despite increasing CER surveillance and the growing difficulty in acquiring passenger train tickets, decided to risk the long walk home rather than have Russian authorities haul them into improvised quarantine stations where, if they had not already contracted the deadly *bacillus*, they were sure to become

[101] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty Port China* (Berkley: University of California Press, 2004), 180.; Mark Gamsa, "The Epidemic of Pneumonic Plague in Manchuria 1910-1911," *Past & Present* no. 190 (Feb. 2006): 155-164.

infected.[102] Moreover, the plague in Manchuria was an international affair; the homelands of the multifarious peoples who had immigrated to Manchuria were many, and, as such, these peoples reasoned eclecticism as motivation for mass emigration, as it would have been very difficult for the authorities to track the whereabouts of every quarantine escapee.[103] These people included, but were not limited to, Russian and other European fur traders who had been chasing marmots and other animals deeper and deeper into Eastern Russia and Manchuria to satisfy a growing European demand for exotic fur, Manchu tarbagan hunters who made periodic trips between their homes, the city, and the countryside in order to sell meat and furs, Russian, Japanese, and German colonists each trying to stake a claim along the politically charged territory of the Chinese East Railway, and an unknown number of other transitory nomadic peoples who may have stopped in the city to resupply before continuing along further into Central Asia. Although the Great Manchurian Plague overwhelmingly impacted the ethnic Chinese population, it is prudent to keep in mind here that the overall population in the Russian Far East was extremely diverse. It included nomadic, semi-nomadic, and settled peoples including the Buriats, Baskirs, Mongols, and transient groups of traders and colonial prospectors from Germany, Russia, Korea, and Japan, as well as Manchu and Han Chinese inhabitants of Harbin.

This incredibly diverse body of travelers was often forced to spontaneously make the decision to provide for its own well-being by escaping the cities and scattering across the countryside. For the people who decided to make this perilous exodus, it was the innate, emotive responses to unwanted medical enforcement that were often the most influential. For example, Kirilov identified the tendency that fear had in conditioning the movement of the Chinese:

[102] Gamsa, "The Epidemic of Pneumonic Plague," 156.
[103] For information on the influence this multiethnic character of the locale had on the development of international medicine and the formation of international medical communities, see Cornelia Knab, "Plague Times: Scientific Internationalism and the Manchurian Plague of 1910/1911," *Itinerario* 35, no. 3 (2011): 87-105.

> Of course, China knows panic concerning the plague. The horrible panic caused the population there to flee wherever their eyes could see, abandoning all of their affairs and their farms. But there flee entire families, usually into the mountains, where they construct a hut and live, so to say isolated, an entire month and more. Or they also flee to the water, construct junk on the river or on the lake.[104]

In such cases the individual's aberrant activity may or may not have spared his or her life. Both Kirilov and the contemporary newspapers reported that many cases of death followed instances of flight. The roads leading out of Manchuria, frost-bitten and near uninhabitable in the winter, became lined with the frozen bodies of plague victims searching for refuge outside of the city. Under these circumstances, it was possible for people in the Far East to reject the regimen in the most extreme sense. If, as many contemporary doctors of the plague as well as scholars today have pointed out, there was a nearly one hundred percent expectation of mortality for people stricken with the disease, then, in the event itself, their finality was assured, and the inevitable outcome was not in question. What these people did possess an element of control over were the *conditions* upon which they acted upon their own mortality; they could reject the regimen by engaging in an alternative set of activities more appropriate to their feelings on heath and sanitation and more sensitive to their own mechanisms of coping with the inevitability of death. For many of the refugees, the choice either to die in an enclosed, stagnant, hopeless plague barracks or on the road in a respectable attempt to visit with their loved ones once more was no choice at all. Of course this is not to say that every instance of flight was directly predicted by escaping inhabitants as ensuring their death. In fact many ordinary people were typically unaware of the severity of their own condition, and much of the time they had escaped fully with the intention of returning home and surviving. However, in these instances, death, when it did occur, itself served as an act of defiance against the increasing penetration of the partly-Russified, partly-international medical authority into the town and home.

[104] Kirilov, *Morovaia iazva,* 56.

Death as a form of resistance was but one example of popular rejection of the regimen. The purpose of the regimen, as we have seen, was to affect a subconscious subordination to medicalized authority, Westernized conceptions of "normativity", and a preordained mechanism of living down to the minutest detail in the peoples over which it was implemented. It was because of its totalitarian essence, the strange and altogether non-domestic, non-traditional rationality it employed to explain its effectiveness, and the nearly limitless ambition with which it strove to augment and enforce its proscriptions into the fabric of everyday life that made the regimen unsuccessful when applied to peoples as distant as those living in the Far East. The regimen was ineffective precisely because it was too specific, it was implemented too abruptly, and it demanded too much of an immediate, foreign change on conditions of existence which had already been given centuries of time to maturate. And this was, perhaps, its greatest flaw. The regimen was the inanimate tool utilized by doctors to attempt to reform the behavior of people into something approximating what they understood as medical modernity. Physicians looked at patients as autonomous, affective beings for whom "tradition" represented everything wrong with their way of life, and served as an effective explanation for their contraction of the plague. Because these doctors believed that the patients under their care were not up to the task of *deliberately* regulating themselves, medical control, as manifest through the imposition of the regimen, was directed at their precognitive, affective behavior, and thus attempted to displace those alternative behaviors that doctors associated with "tradition" in such a way as to have not been noticed by the population. This form of medical authority was incredibly calculated, but required such a fine degree of nuanced execution that it was near impossible to attain in reality.

For example, the collective opinion of the doctors who attended the Mukden Plague Conference in 1911 was that the surest and most necessary precaution to be taken in order to

prevent further spread of the disease was the creation of plague quarantines. This opinion reflected the real decisions made by personnel on the ground in cities such as Harbin, Mukden, Dairen, and their outlying sanitary zones. Despite their *a posteriori* attempt to attenuate the gravity of quarantine conditions, these doctors could not completely hide the difficulty plague patients faced within their enclosures, the level of surveillance they were subjected to in order to carefully document and regulate their every movement, or the class character that many of these places assumed. It is here worth quoting from the official report at length:

> Early in the epidemic it was realized that the main problem of prevention was the limitation of the movements of coolies in the incubation period of plague. Quarantine stations for persons who had been in contact with cases of plague were therefore instituted. These *contact quarantine stations*, where suitable buildings, which could be converted to their use, were not available, were mostly buildings of a barrack-like nature divided by partitions as far as possible. The quarantine period varied from five to seven days. In Fuchiatien and in places along the Russian railway line, railway wagons were used and they were found to possess the following advantages, namely: readily procurable, moveable, easily fitted up with bunks at the ends, easily ventilated and heated, and easily disinfected by turning a locomotive steam pipe into them. In Mukden there was a contact quarantine station in each of the sanitary districts. The inmates of these stations were medically inspected; temperature and pulse being taken once and where possible twice daily, so as to discover fresh cases and secure their early isolation. The evening was found to be the best time for inspection. As regards the number of persons quarantined together, it was naturally found that the greater the aggregation the greater the number infected.
>
> For certain classes of the community, such as beggars and waifs, and for immigrants, *segregation stations* were instituted. For this purpose empty warehouses, railway cars, or rapidly erected wooden barracks were employed, mostly in the form of large wards. The cases of plague were largely restricted to the coolie class and the lowest orders. Night refuges were established and were found useful for bringing the most susceptible class under supervision. In Manchouli station, where the Chinese revolted against compulsory house-to-house inspection and isolation and concealed their cases and the deaths, the epidemic was not stamped out until the whole of the Chinese population, with the exception of a few families, who live under healthy conditions, were segregated and kept under strict surveillance and medically inspected twice daily.[105]

[105] Robert Strong, *Report of the International Plague Conference Held at Mukden, April 1911* (Manila: Bureau of Printing, 1912), 462-463.

Such a carefully worded statement belied the much more insalubrious conditions that people suspected of infection would have been exposed to. To begin with, the reason that the quarantine period only lasted for up to seven days was precisely because by that time, any individual who had been stricken with the plague would have perished, given that the plague generally ran its course and led to death within a week after the first sign of symptoms. But the fact that Mukden doctors recognized that the larger the number of people that were closed together in the same confined spaces, the higher proportion of overall mortality there occurred between those same people, indicates that these doctors knew that to be sequestered in a quarantine structure was a death sentence. This fact was made all the worse by the appalling state in which these enclosures were maintained. We have already seen how Russian newspapers reported the dilapidated conditions of several plague barracks in the countryside, and the Mukden doctors' report only confirms that plague specialists, physicians, and other authorities were aware of these problems and sanctioned their use in any case. Makeshift buildings, abandoned warehouses, and train cars, which had been previously blasted any number of times with locomotive steam for the sake of quick decontamination, were designated as new holding cells for plague-stricken "inmates", the primary purpose of which was to prevent further dissemination of the plague rather than to care for the people actually inside.

Furthermore, the discussion of "classes", and the recurrent references to the movements of "coolies" exemplifies the exclusiveness and group-cohesion of that cohort of medical professionals itself. In many of their publications, especially those produced after the fact, the discursive generation of a social hierarchy, in which those who stood at the top were least suspected of contracting the disease, helped to reinforce the priority placed on medically-sanctioned decision making, the general conclusion that plague was a "poor-man's disease", and

the tendency that these doctors showed in many cases to create arguments that protected their own kind. "Beggars and waifs", the "lowest orders", and other impoverished Chinese (and other) people were viewed as "the most susceptible class", and special measures had to be taken against these people specifically.[106] During the worst portions of the outbreak, these individuals could never be trusted, and round-the-clock surveillance and enforced routine turned many of these quarantines into militarized zones of terror and control. In the Russian medical cordon around Fudziadian, for example, the Russian civil governor, General Affanasiev, implemented a strictly observed "shoot on sight policy". The Notification passed by the General stated that any person acting in an unusual manner, one which could be deemed a threat to the general public welfare, could be shot to death or killed with a bayonet.[107] These and other measures served as demonstrative mechanisms by which the professional physicians cultivated internal cohesion, distanced themselves from the subjects of their writing, and reinforced and solidified their own group identity. It also had the unintended effect of encouraging further resistance to the regimen within the population.

Here again, we may be reminded of Michel Foucault and his own descriptions of plague quarantine and the panopticon. In *Discipline and Punish*, Foucault talks about the measures taken in one French town: the "strict spatial partitioning", the police-enforced curfews and sanitary perimeters which, if violated, were punishable by death, the special conveyance of food,

[106] This is not to imply that these doctors had anything approximating to a Marxian understanding of "class". Rather the word "class" as it was employed by these doctors came to signify their particular group identity. Doctors came to recognize that they were part of a very unique community, the special group identity of which provided it with its own peculiar power over the population. The "class" of Chinese coolies and others of the lower orders should not be taken to be indicative of class the way a modern-day professional historian would define the term, but rather as another discursive element that these professional physicians used to create an implied hierarchy between themselves, at the top, of course, and the other members of these Far Eastern societies they considered subordinate. This further emphasizes the paternalistic affections doctors took toward these people during the plague.

[107] William C. Summers, *The Great Manchurian Plague of 1910-1911: The Geopolitics of an Epidemic Disease.* New Haven: Yale University Press, 2012, 57.

wine, and other meat products which had to be "hoisted up into the houses with pulleys and baskets," and the level of order and systematization of syndical control. Upon registration of all the living inhabitants of the quarantine space, the processes of "purifying houses" was carried out by the syndics and medical police. During their stay in the quarantine, the inhabitants' "slightest movements are supervised, in which all events are recorded, in which an uninterrupted work of writing links the centre and periphery, in which power is exercised without division, according to a continuous hierarchical figure, in which each individual in constantly located, examined and distributed among the living beings, the sick and the dead – all this constitutes a compact model of the disciplinary mechanism."[108] Foucault recognized and predicted the culmination and execution of medical authority in the eighteenth-century which was to be replicated along strikingly similar lines in the Far East in the twentieth. Just as, for Foucault, medicalized discipline included the creation and meticulous observation of medical spaces, the reinforcement of professional and social hierarchies, and the acute management of individual movement and activity, so in the Far Eastern quarantines much the same transpired, providing yet a further demonstration of the intended reach of the regimen.

When the Russian police in Harbin, or the medical authorities who attended the Mukden Plague Conference, suggested the quarantine of individuals and the forced separation of families, the burning of plague infested houses, or the mass cremation of corpses, their actions were met with understandable objection: "While the Chinese have not such caste prejudices as are present in some other oriental races, they are apt to resent what they consider undue interference with, or intrusion into, their family life; and it has been a difficult official duty for us to carry out such apparently cruel work—the quick separation of a plague case from his or her family relatives,

[108] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Vintage Books: New York, 1975), 195-200.

removal of one member to the plague hospital and others to segregation camps, and so on."[109] The regimen assumed an infiltration of this "family life" at every level – the dislocation and severance of kinship ties, the reappropriation of private property, the implied control exacted over the movements of both living and nonliving bodies, just to name a few. It was often not unusual that doctors would themselves be aware of the egregious nature of their activities on Far Eastern sensibilities, say, with the burning of bodies, as Kirilov noted: "The main filial duty is to honorably bury his father, take his remains to his homeland, on his own piece of land, and there on the spot to worship his ashes. Through this religious requirement, faithfully observed, the bodies of all wealthy people who have died and are not at home and abroad, are to be transported home."[110] Or again, in the management and disposal of coffins for the dead: "In using these methods in the fight with the plague China does not practice any kind of general/social events. In relation to the plague, [they] develop only the rule that the coffins with the corpses of plague [victims] does not betray the earth, and [they] place them for the first time on a platform in the open spaces, so that the coffins are easily blown by wind and atmospheric irrigated water (feng-shuei). The Chinese thought that in such conditions most of the corpses would be removed of their evil inclinations, which caused the plague and which are very dangerous- this they know- that every touch [of the body] before the plague rotted the corpse."[111]

Even in its management of alternate bodies and in the manipulation of the ways of life not directly associated with the plague and its spread, the regimen tried to impose unsustainable rituals on an unaccepting population. So it was with regard to the cultivation of vaccines from horses; Rosliakov (as well as other Russian doctors) suggested using these animals in the procurement of efficacious treatments for the human population in the Far East: "For vaccination

[109] Strong, *Report of the International Plague Conference Held at Mukden, April 1911*, 7.
[110] Kirilov, *Morovaia iazva*, 50.
[111] Kirilov, *Morovaia iazva*, 54.

use heat treated cholera or the plague bacillus, or do as such: any animal, but most of all horses, inject more and more wiring of *Yersinia pestis,* first dead and then alive and thus highly poisonous. After some time bloodlett the animal; the blood of such a horse already contains the antidote which may be grafted into people."[112] In many cases this procedure led to the death of the animal, which was an otherwise respected creature and an inextricable part of the Far Eastern culture and way of life. These methodologies ensured the failure of the regimen to generate any long term effect. This is because its assumptions were fundamentally incompatible with the ones it was intended to displace. The regimen anticipated a level of control over the population which was simply not possible at the subconscious level necessary to subvert individuals away from their ordinary patterns of day-to-day activity and functionality. A much more suitable explanation for their action lies not so much in the idealization of effective regimen, but in the real circumstances of people's daily lives.

Epidemic or not, life still continued forward. The survival of many Far Eastern people was very much dependent on the valuable hides and meat that lay unexploited in the region's small mammal populations. Expensive furs fetched a high price in European markets, and nutrients given by hunting and trapping small animals was critical to the sustenance of many semi-nomadic groups who relied on these animals as their primary food source. Sometimes, excess meat could be sold at open markets or other gatherings, and certain "meat merchants" and other entrepreneurs stood to make tremendous profits by exploiting the movement of cattle and other foodstuffs from the Chinese ports to many borderland cities in the Transbaikal oblast. Such interests were supported by the decisions past on September 14, 1910 by the Harbin Exchange Committee. This assembly, made up of representatives of the CER railway banks, local produce merchants and livestock breeders, passed a resolution supporting the continuation

[112] Vrach Rosliakov, *Chuma* (Vladivostok, 1910), 12.

of Chinese meat distribution from Harbin further north, particularly to the cities of Chifa and Vladivostok. Such support included provisions such as the "removal of veterinary supervision from Chifa and the Chinese ports", the "construction of a cattle stockyard in Vladivostok", the inspection of bulls at borderland produce checkpoints as opposed to "entry stations" in the cities, the discontinuation of "repetitive trichinella research of pork in Vladivostok, because the pork is exposed to it in the Kharbin slaughterhouse", the removal of entry regulations for Chinese pork and for the allowance of admission along similar criteria from China of ham and all other sausage products.[113] The Far Eastern authorities in Harbin believed the alleviation of trade restrictions on meat necessary because, earlier in 1907, the Russian Minister of Trade, then on a trip to Vladivostok, had risen questions about the profitability of producing meat via cattle farming and slaughter for the market, which by this time cost 40 kopeks per pound.[114]

Compare these decisions against separate reports made on the unchecked migration of cattle across the Far Eastern steppe: "Based on the incoming information, in Nikolai/Ussurisk there appeared an outbreak of plague among the cattle. Three fell. About 800 vaccinations were administered. In Spass, during the week 3 fell. In Khabarovsk there also appeared a few plague cases."[115] Furthermore, "In Bakolova, Suchanskoi volost there appeared [a case of] plague among the cattle. One was sick. That the reason is unknown for the plague's appearance indicates the probability of flight of infected cattle from Manchuria."[116] Thus, almost simultaneously with the recognition of the emergence of plague among Russian livestock, and with the knowledge that this livestock carried with it the tendency to transport the deadly disease over long distances, infect both foreign and native human populations, and lead to widespread

[113] "Manchzhuriia i Vladivostokskii Miasnoi Rynok," *Dalnyi Vostok*, November 18, 1910.
[114] Ibid.
[115] "Epizootiia," *Dalnyi Vostok*, October 16, 1910.
[116] "Chuma na Skote," *Dalnyi Vostok*, October 28, 1910.

epidemic, the power of profit triumphed over the admonitions of medical reasoning. Within just a short time the Harbin Exchange Committee removed many of the restrictions which would have prevented contaminated meat from reaching large populations and made much more lenient the conditions of trade for Harbin's meat merchants. This decision is made all the more extraordinary by the fact that Russian authorities *already knew* that Kharbin slaughterhouse pork was ridden with trichinella by the time it reached Vladivostok ports. If Khabarovsk roundworm specialists and the Harbin Exchange authorities already knew that meat coming from exterior slaughterhouses was tainted with parasites, it begs the question, why lift restrictions on seemingly unnecessary "repetitive trichinella research" instead of discontinuing its export altogether?

More than likely it was a mixture of factors – the loss of market profitability, the need to meet local produce demands, etc. – but what has become clear is the pressure of alternative forces on the activity of Far Eastern meat producers and food consumers. The regimen at once was called upon to dictate the movements of individual behavior while simultaneously competing with alternative paradigms of activity; the medical paradigm that assumed a level of control over individual behavior and the construction of, availability, and access to the environments which had been provided for the fulfillment of public life could not tolerate the presence of any alternative mechanisms of control which deviated even in the slightest from the regimen's overarching assumptions – they were rendered fundamentally incompatible. In these situations, a conflict of permissible behaviors arose, one that affected both doctors and patients alike. To take again the example of Russia's migrating plague vectors, wild cattle (and an enormous host of other plague-carrying natural wildlife) could lead to small outbreaks in cities. In the same 1910 article of *Dalnyi Vostok* that posited the spread of plague in infected cattle,

another article appears reporting on the current state in Manchuria: "In the Manchurian station, according to P.T.A. correspondence from Kharbin, 16 have been stricken with the plague. In this number there are included Russian feldshers and sanitary officials. 6 Chinese and 6 sanitary officials have died; the village has been cordoned by soldiers. Five disinfection stations have been instituted and sanitary wagons have been commissioned."[117] That among the fatalities were included "Russian feldshers and sanitary officials" demonstrates that Russian medical personnel had become involved in the fight against the plague at the level of mortality itself; they had become active participants in the struggle for life and death in the city, and this would come to play an enormous impact on how faithfully they were willing to adhere to their own program.

Many of the Chinese and other Far Eastern inhabitants had already cultivated their own methods of plague response and prevention. In Manchuria and other parts of the Russian Far Eastern wilderness, plague was actually quite a common occurrence. It seasonally affected the wild tarbagan populations and from time to time made its way into the yurts of hunters stationed in temporary camps or small hunting villages. Kirilov made extensive observations on how the Chinese, nomads, and fur and meat hunting peoples coped with the disease and prevented its emergence in pandemic proportions. In small villages where certain households were known to hold plague victims, "Patients are confined to the house, and all you need to bring goes to the gates of the yard, or even the threshold of the house. If in the house there are no longer any healthy relatives that may care for the weakened, sometimes compassionate people will transport water through the door or through a window in buckets on long poles, but usually people in fear and panic leave the stricken family in the lurch."[118] Local sympathetic behaviors, which Kirilov himself may have been witness to, here include the provisioning of basic resources critical to

[117] "Chuma v Manchzhurii," *Dalnyi Vostok*, October 28, 1910.
[118] Kirilov, *Morovaia iazva*, 3.

sustain life and potentially ease the suffering of sick inhabitants. If the tendency for town dwellers to avoid the contaminated house and "leave the stricken family in the lurch" seems a bit insensitive, it must be taken in the context of the interests of the larger community. The best way for nomadic and semi-nomadic bands of steppe inhabitants to avoid contracting the plague was to abandon sick party members to their own devices. This behavioral pattern had been conditioned by generations of experience dealing with local outbreaks – "Life experience shows the common people that only a ruthless attitude toward the unfortunate infected houses rescues the rest from certain death."[119] The picture of village life that emerged is one in which village members, upon recognition of a medical threat in their community, provide whatever relief they could before leaving in the interests of the health of the collective. Such behavior seems far from "ruthless". Instead Russia's Far Eastern inhabitants underwent a set of rituals intended to balance the compassion they may have felt for those inflicted with a rational decision-making apparatus predicated on self-preservation and the greater good.

Activity as it manifested in local populations was therefore based on something beyond the idealized purity of body and home, sanitary urban living customs, and medically appropriated living habits as they were understood and administrated by the regimen. Instead, emotion, both sympathetic and fearful, seems to have been more prevalent in conditioning their behavior, and the decisions these peoples made in their own personal struggles with disease and death reflects a much deeper gradation of cultural and psychological forces at work. There existed a myriad of influences and pressures directing the behavior of the peoples in the Far East, not the least of which were the complex emotional responses they would have had upon witnessing their friends, neighbors, and loved ones perish from such an invisible and seemingly unstoppable specter.

[119] Ibid.

Of these multifarious emotional states, the first and likely the most visceral would have been fear. Kirilov provides a glimpse into the spontaneous behaviors of these peoples once the urgency and panic of the situation set in; we have already been introduced to the "panic" these people felt and the response it conditioned above.[120] Terror and uncertainty, as experienced by even local peoples with substantial experience in dealing with the plague, were strong enough to effectively uproot people from their homes, force a massive relocation of both human and material resources far away from the center of communal life, and disrupt the predictable living patterns of the village which had heretofore provided a sense of stability and social cohesion. The result was the same, as Kirilov (as well as several other doctors who bore witness to the emergence of mass panic) later explains, regardless if the standards of the regimen and Russian medicine were being enforced or not.

Innate emotive forces, feelings of duress, the first-hand experience of mass mortality surrounding the sick and healthy, uncertainty, suspicion of the motivations or procedural efficacy of non-local authorities, the drastic realignment of daily living patterns and expectations, the tragedy of friends and family lost almost in an instant – these are just some of the exterior forces, operating at the level of the individual, the mind, and the heart, that influenced the collective activity of a beleaguered population. Many scholars of plague in the Far East have discussed the ramifications of such forces (without, albeit, identifying their existence and impact at a fundamental level) in encouraging defiance of medical authority, ultimately affecting a breakdown of the regimen.[121] Campaigns arose against injustices, and people took action in their own interest. For example, in the cities "It seems that the circumstance is that the Chinese have an original type of charity: wealthy Chinese, immigrants from another city, constitute a kind of

[120] Kirilov, *Morovaia iazva*, 56.
[121] See for example Gamsa, "The Epidemic of Pneumonic Plague" and Summers, *The Great Manchurian Plague*.

fraternity, organized by the similarity mid-century-old "guild". This guild has habitually helped the poor, possibly the homeless, people unknown to his countryman; for this they send everyday by the streets of the city a cart, which picks up discarded corpses and puts them in a general grave."[122] This "charity" cultivated a sense of fraternity, which existed between friends, neighbors, and even strangers and foreigners, who were required to work together for the common benefit of all parties involved in the fight. A sense of camaraderie surely developed, a brotherliness that helped to link together people from otherwise divergent walks of life. Under these conditions, and in the face of a perceived common threat, people worked together while the degree of calamity ensured that suffering transcended social barriers and affected all members of society, permitting new and important bonds of human to human willpower to be forged.

Plague victims and family members, afraid of losing loved ones behind the walls of quarantine hospitals from which patients never emerged, or upon seeing the remains of deceased relatives desecrated by state-sanctioned cremation procedures, engaged in an entire spectrum of behaviors otherwise incompatible with medical regimentation, thereafter characterized as inherently 'deviant'. It was not uncommon for locals to refuse to report signs of plague within their households to local authorities, and if death did occur, to attempt to hide the corpses of their loved ones so that they may have been saved the indignity of cremation, such that they could be buried back home. Accordingly, within the practice of burial, there emerged another set of influential emotions – feelings of honor and veneration for the departed - that inspired contempt for authority. Again, Kirilov remarks: "It must be said, that the cult of the ancestors is understood and professed by the Chinese in the crudest sense…." after which he critiqued the particular Chinese form of filial responsibility.[123] This particular strand of Chinese burial-

[122] Kirilov, *Morovaia iazva*, 56-57.
[123] Kirilov, *Morovaia iazva*, 50-51.

mentality stood at variance with expectations set by the regimen – just a page later Kirilov comments on how "Many thousand porters, barges, and crews in China deliver these coffins", that is, the coffins which had been allowed to sit under the sun, and he decried such practices because these "mourning caravans" emitted putrid smells of disease, decomposing bodies, and death everywhere they were transported. But the power of "duty", and the significance of an honorable burial to Chinese sensibilities and cultural expectations was enough to overcome these restrictions. It is therefore dangerous to reduce the activities of the Far Eastern peoples as a reaction to or manifestation of mere discourse. What people actually did in response to plague conditions differed from what the regimen would have unequivocally demanded of them. Their actions at times were hardly coordinated, while at others demonstrated a high level of mutual collaboration and cooperation. Their movements and the decisions they made on the spot were motivated just as much by the conditions set upon them by medical authority as by the demands placed on them by their own psychologies, the filial and amicable relationships they had with the people they lived with, the reality of disaster and the pressure it placed on immediate action.

It would of course be wrong to assume that "discourse", or, in the Far East, the regimen, played no role in dictating individual behavior and the general operation of society. People did follow orders – records and historical accounts show that quarantine stations were often filled and to an extent the local population did employ some of the regulations of personal hygiene necessitated by the regimen. For Foucault, such discipline was an art of creating 'docile' bodies – bodies that could be controlled, regulated, enclosed into pre-appropriated spaces, and managed in such a way as to leave no variant forms of expressiveness available to the individual. The modern age had initiated an entirely new repertoire of techniques used to control bodies at the level of functionality such that any capacity for personal autonomy had been stripped away from

them at the core, that is, not at the level of the population or the products of their own labor, but rather at the level of the man himself, his self-reflective potential for independent action, movement, or operation. It was a way of control that attacked the mechanisms that lie behind human agency itself:

> To begin with, there was the scale of the control: it was a question not of treating the body, *en masse*, 'wholesale', as if it were an indissociable unity, but of working it 'retail', individually; of exercising upon it a subtle coercion, of obtaining holds upon it at the level of the mechanism itself – movements, gestures, attitudes, rapidity: an infinitesimal power over the active body. Then there was the object of the control: it was not or was no longer the signifying elements of behaviour or the language of the body, but the economy, the efficiency of movements, their internal organization; constrain bears upon the forces rather than upon the signs; the only truly important ceremony is that of exercise. Lastly, there is the modality: it implies an uninterrupted, constant coercion, supervising the processes of the activity rather than its result and it is exercised according to a codification that partitions as closely as possible time, space, movement."[124]

Foucault's analysis focused on the eighteenth-century evolution of the penitentiary system throughout France as an examination of the transmutation of the entire archaic edifice of discipline into something operating on the activity of the body and mind, with its concomitant systematization into institutions of discipline. It therefore cannot and should not be taken as a direct correlative to the behavior and mentality of late nineteenth-century and early twentieth-century doctors and patients interacting in Russia on the eve of revolution. However, as theory, and utilized purely as a heuristic lens by which we might observe certain dynamic similarities between Foucault's world and our own, we can understand the innovation of 'docile' bodies as the anticipated teleology of the Russian Far Eastern medicalized regimen.

But to focus only on the effects of a culturally specific, more or less exterior and all-consuming social discourse omits many extraneous factors that were also at play. It is more appropriate to think in terms of affective "forces", those which operated both generally and

[124] Foucault, *Discipline and Punish*, 136-137.

instantaneously in addition to those which were more specific and pre-ordained. To allow a discussion of plague and emergency response to fixate around a category with a broad enough implication as affect allows the historian to observe interactions and influences at the level of the person, fundamentally, naturally, and predicated on his or her baseline set of autonomously operative emotions – fear, panic, honor, sadness and depression, hopefulness or hopelessness, etc. – without subsuming the activity of these emotions on the individual psyche to the influence of the all-encompassing and seemingly metaphysical totalizing influence of the discourse. The forces that were at play during the plague were multiple, they came from different origins, and they enabled a much broader range of possible responses than a simplified description of the population as a mass of 'docile bodies' would permit. These forces at once

Figure 4, Leading Plague Victims to Isolation.

Figure 5, An "Overnight House" for the Railway-Working Chinese, Constructed in the Previous Recreational Garden.

account for the subliminal, liminal, and direct and conscious motivations of all actors involved with Russia's fight against the plague. They allow historians to separate out the rational from the emotional, and they greatly humanize the anti-plague efforts in Russia's borderlands. Through an analysis of these emotive forces, we can better understand how doctors, too, deviated from the proscriptions of the very regimen they were meant to enforce as they took part in plague and the defense against it at not only the discursive but also the visceral level.

One problem with Foucault's systematization, and the reason it falls short of completely explaining the medicalized body in Russia, is because of its tendency to totalize all interpersonal relations, social dynamics, conscious and subconscious forces acting on the wills of individuals, reactions and responses into an all too neatly systematized microcosm explicated by passivity and abject obedience to medical authority. Even if Foucault recognized that the reach of such authority was limited, his argument still predicted it. In *Discipline and Punish*, he argued that the final stage of implemented medical authority was to commandeer even the activity of those

individuals who resisted it; thus medical authority could be maintained even in its apparent defeat. Even as Foucault admitted the difficulties that came with full achievement of medical control, he still ultimately conceded that that control could be realized. Defeat could be used as a sort of victory, and the doctor's reach would extend ever further.

Russia's healers and the people they encountered were not passive recipients of order; they did not meekly situate themselves into the categories medicine had created for them; they did not willfully assume the definitions upon which medicine had made its assumptions and worked, or submit to the free flowing and alien treatments which the regimen demand they take upon themselves. Instead, the individuals who engaged with the plague and other medical emergencies, who garnered their influence from more than a singular source of authority, who functioned in an environment in which forces of polyvalent and at times contradictory natures were simultaneously at work on them, and whose attitudes and perceptions changed the longer they remained in contact with one another, made decisions and behaved in ways that cannot be subsumed into any one umbrella model of Western-style medicalization. While the goal of medicine during times of epidemic may have been to regiment every detail of the individual's way of life, in reality these 'docile bodies' were actually very active.

Russia's Peculiar Orientalism

The radically shifting structure of Russia's late imperial social and political environment gave rise to an attending transformation in the ways in which the professional class chose to interface with tsar and bureaucracy. By June, 1907, Nicholas II had dissolved the first two state Dumas and replaced them with a majority pro-autocratic representation. While Stolypin's agricultural policies aimed at destroying the independence of the peasant *mir*, imperial hardline strategies directed against political terrorists and the remnants of radical organizations such as

the People's Will cultivated an atmosphere of suspicion coupled with the arbitrary detainment of urban delinquents and other perceived threats. Bureaucratic repressiveness, increasing censorship on independent and state-organized publishing, and Nicholas' unwillingness to maintain alternative styles of governance or any form of political participation mitigated much of the progress the reforms of the sixties had made in law, society, and politics. Hyper-conservatism was the chosen directive. Ultimately, dissatisfaction with the imperial management of public affairs began to spill over into the professional sector of the state, drawing more and more Russian medical experts, scientists, psychologists, criminologists, and doctors to the revolutionary camp. As these professionals became increasingly radicalized, they began to voice their critiques more loudly with regard to the inadequacy of the imperial administration of health care and medical expertise.[125] This "professional radicalization" profoundly shaped the increasingly tenuous relationship between the doctor and the state, and, correspondingly, how much these experts were willing to buy into the orthodox imperial discourses on the East.

This was the political milieu in which Russia's plague fighters found themselves from the late nineteenth-century up to the revolution. There was a cacophony of conflicting interests in Russia's Far East, all of which informed the politics of the antiplague measures taken as well as the shifting image of China which began to take hold of the Russian mind.[126] On the one hand, there was definitely strong imperial investment in the consolidation of the Amur River and related regions in China, which one historian has described as being "a major redirection of the nation's attention to these remote territories in the Far East."[127] However, on the other, Russia's

[125] Frances L. Bernstein, Christopher Burton, and Dan Healy, ed., *Soviet Medicine: Culture, Practice, and Science* (Illinois: Northern Illinois University Press, 2010), 10.
[126] William C. Summers provides an excellent overview of how economic interests and international colonial policy in China played a critical part in shaping the handling of the situation in *The Great Manchurian Plague of 1910-1911.*
[127] Mark Bassin, *Imperial Visions: Nationalist Imagination and Geographical Expansion in the Russian Far East, 1840-1865* (Cambridge University Press, 1999), 2.

doctors interfaced with the inhabitants of this region at a level which eventually transcended the commonality of professional detachment. Superciliousness was replaced with sympathy, calculated authority with empathy. The massive scale of death and human suffering Russian doctors faced on a day-to-day basis became more personalized, healthcare came to be predicated just as much on emotion and personal investment, faces eventually came to be attributed to both the living sick and dead victims, and individual names were learned. The humanization of victims stricken with plague and the first-hand experiences with peoples to whom Russia's doctors and other medical personal had grown attached mattered just as much to the individuals operating on the ground as did other forces – the regimen, concepts of purity, cleanliness, and hygiene, social or political interests in the Far Eastern territory, different Orientalisms, or the position Russian doctors held over the peasants as experts in an exclusive field of study, to name just a few. The relationships they subsequently formed with the ill (*bolevshii*) were influenced just as much by their sense of compassion as by their direct participation and experience with plague, misery, and mortality itself, for Russia's medical personnel were not immune from death.

This compassion, to be sure, was predicated on their complete monopoly over medical knowledge, which, in the interest of expedient public health and efficacious treatment, provided justification for the exercise of power over the local population. Instructions for self-preservation and general safety were reported in an almost fatherly-like tone of voice, repetitively, and with a patronizing lack of respect for the common sense and maturity of ordinary people. Such was the implication behind Shchusev's somewhat banal advice: "It is known that you must often wash your own body and arms with soap, to always change your dress(es), clothes and linens, to circulate air into your rooms, to often wash the floor and in no such way to eat from dirty dishes or [to consume] unwashed fruit" – as if the occurrence of such

behavior was the result of personal immaturity or an indifference to living in filth as opposed to unavoidable poverty, and as if people needed to be taught this extremely valuable information by persons more knowledgeable than themselves.[128] The target of medical supervision was always the common person, the readjustment of his or her living habits always took precedence over reform that could otherwise take place at the state or even at the international level, and the doctor always considered his or her "bad behavior" as the primary reason for infection. It was this unusual combination of paternalistic concern with a genuine empathy for human suffering which came together to create an ethos of compassion-through-authority which permeated the medical literature of the era.

Much of the paternalistic sensibility of doctors arose from their direct interactions with peasants in the countryside. Throughout the early twentieth-century, there was a marginal influx of foreign medical practitioners and other experts into the Soviet Union. These individuals were interested in comparing the Soviet system of public healthcare – which Soviet authorities claimed was free to all and distributed equitably and effectively across the population – against the Western European capitalist model. John Rickman was one such English doctor who traveled deep into the heart of Russia's peasant communities to obtain a first-hand perspective as to how efficaciously medicine had reached Russia's poor population. Rickman, along with Margaret Mead and other scholars conducting research for Columbia University's Research in Contemporary Cultures, helped contribute to an influential thread of Sovietology in the 1940's – 50's that focused on anthropology and how early child development, education, and the psychology of Russia's peasant (and other) populations influenced their everyday behaviors and reactions to socialism, especially under high Stalinism. Rickman's contribution to this

[128] Petr Shchusev, *Pravil'nyia Poniatiia o Chumnoi Zaraze i Proverennyia Opytom Nastavleniia dlia Bor'by s neiu* (Vladivostok: Elektro-tino-lit. gaz. <Dalny Vostok>, 1911), 21.

discussion came from the time he actually spent in Russia, from 1916-1918 as a part of his work then as a doctor with the Friends' War Victims Relief Unit. His experiences working with and caring for the locals first manifested themselves as a series of articles for The Lancet in 1938 and were then later combined into a volume entitled *The People of Great Russia: A Psychological Study* which Rickman co-authored with his colleague Geoffrey Gorer. It is from his memoirs of the time he served as a foreign doctor that we find one of the clearest examples of medical compassion-literature.

In the countryside and small villages, peasants believed disease to be ordained by the divine, poor health to be the work of some evil "thing" inside the body, sickness to be punishment by God, recovery his absolution.[129] Given this mentality, it would have been a rare occurrence for the village commoners to seek the assistance of a trained doctor had it not been for one overarching force which existed between people – love. As Rickman observed the dynamics that played out between himself and the villagers, he recognized that love was a strong enough motivator to overcome such religious reservation; it encouraged action by working on "their spirit from within", binding the peasants together with enough tenacity to overcome divine predilection itself. If, as the English doctor believed, the Russian peasants could be understood through the disposition and goodness of their 'soul', the emotional investment they had to one another, and the spontaneity to a common cause and care that this investment nurtured, the alternative forces at play on the collective decision making of the community necessarily became subordinate to the love these people shared for each other. Rickman's conclusions on this are particularly telling: "The love they bore each other made the sight of illness painful and they were glad to get the skilled help of doctors and nurses for those they held beloved and (with

[129] Geoffrey Gorer and John Rickman, *The People of Great Russia: A Psychological Study* (New York: The Norton Company, 1962), 47.

inward reservations) for themselves as well." Also, "This little episode shows something of the way in which the villagers were bound together by ties of love and how they kept the spirit of their community intact. This spirit gave the members strength when they were in accord with it, and they lived in misery and isolation when they broke, in thought or mood, with the opinion and sentiment of their neighbors. The episode also shows how difficult it was for them to include a member of the alien caste in their way of thought and living."[130]

The episode in question here demonstrated a second, equally significant aspect of village doctor-patient dynamics. One night, upon the completion of his village duties, Rickman was returning to the city when his carriage came across a drunken Russian peasant complaining of head pain. When the man attempted to overtake Rickman in his carriage, the doctor forcefully kicked him out and sent him rolling in the snow. The event had passed out of memory until some months later, when the same peasant arrived at his hospital, sheepishly apologetic as he brandished a certificate of apology the village elders had crafted and given to him to have signed. The last line of this letter read: "And this is also to certify that the elders of the said village of ---, after careful examination are convinced that --- ---'s apologies are *from the heart* [emphasis added]."[131] Quite a peculiar circumstance, but Rickman maintained that the rationality behind these decisions lie in the *spirit* that abided in the Russian village. Modest, far removed from the grandeur and chaos of city life, consisting of residents incapable of comprehending the activities of the doctors or of replacing their talents should services be discontinued, articulating a way of life very much centered on the bonds of kinship and friendliness, the village was a place where people valued people, an individual's emotional ties and loyalty mattered much more than his personal property when interacting with his neighbors, and the spirit of village life survived only

[130] Gorer and Rickman, *The People of Great Russia*, 47-48, 59. By "alien caste", Rickman here was indicating himself as a representative of the urban medical community.
[131] Gorer and Rickman, *The People of Great Russia*, 57.

through inclusion, by the insuperable tendency to make familiar acquaintances and strangers alike "one of us", to put it in Rickman's words. Indeed, that Rickman was made "one of us" in the villages he frequented indicates a level of camaraderie and mutual connection that existed at the level of basic human attachment. Rickman had supposed that the reason for the apology, delivered in person by the perpetrator, was because "The gulf that existed between us [people of the cities and people from the villages] narrowed when the relationship was personal, widened when it touched on the doctor's position in the social structure."[132] Several of Rickman's own activities (such as one instance in which he and his carriage driver almost died while traveling through a winter *burran* [a Russian blizzard] in an attempt to make it from his hospital in the city to a remote village to treat a woman in labor) showcase the capacity for love he shared for his patients and that his patients shared with him. This love many times proved to be much stronger in directing his activities, and the decisions he, as well as the doctors working in the Far East, arrived at were strong enough to override the marked influence of other, more pedantic forces such as the regimen. The sense of inclusion was strong enough to weaken the perceived barriers erected between doctor and patient, in which love, as the primary and most important force, was able to cultivate a unitary and equilateral condition of coexistence.

Even if Rickman was aware of the distancing effect of acting upon his "position on the social structure", however, he was still very much aware of his own advanced education, which in reality conferred to him a much greater decision-making power than that of any of the villagers. Although he did not express this sentiment openly, Rickman observed the behavior of many of the peasants with a kind of pitiful disappointment that was characteristic of the paternalistic ethos shared by him and other socially privileged specialists. He revealed his true opinions about the Russian peasants in another personal anecdote he left in his account. One

[132] Gorer and Rickman, *The People of Great Russia*, 59.

evening as Rickman was finishing up his work at the city hospital, a peasant came to his office and entreated the doctor to return with him to his village, where his wife had just given birth and was mortally ill. Upon entering the patient's house, Rickman noticed that several of the village "gamps", or local midwives, had already been at work trying to alleviate the woman's suffering. Part of her placenta had stuck after she had delivered a stillborn child, and these woman had attempted to remove it "with unwashed hands and a teaspoon; these measures proving unavailing, the old women had used an S-shaped thick wire lamp-hood, rusty and besmeared with greasy soot. The lacerations produced by its use were dreadful."[133] Rickman was of course extremely unhappy with these women's presumptuous behavior, but he had to tread carefully as the dying woman would be left in their care once he left the hut. The doctor's relationship with the other villagers therefore seems to have been somewhat reciprocal. Without the expertise Rickman and his colleagues brought with them there was virtually no hope for peasants stricken with conditions requiring technical skill to alleviate. However, without the cooperation of the locals, doctors could hope to accomplish little in the way of encouraging people to maintain sustainable health practices, as they had to rely on these people to actually implement them in their absence. The situation greatly annoyed Rickman, who believed that he should hold the operative prerogative on account of his superior training and understanding. Indeed, when he later commented on the utility of such midwives, Rickman admitted that "Perhaps it would have been wiser to use their services but I could not trust their obedience; so they were sent to borrow samovars and prepare boiling water, which they could not very well infect."[134] Village gamps and other local assistants, then, were required to "obey", and best fit only for those jobs that required the least amount of skill and carried with them the smallest risk of mishap. It seems as

[133] Gorer and Rickman, The People of Great Russia, 36.
[134] *Ibid*.

though even if the villagers had tried to make Rickman "one of us", he still very much embraced a role more befitting a father than that of a fellow.

Great care must always be taken when working with the discursive pieces produced by foreign doctors in Soviet employ who began practicing medicine in Russia from the post-revolutionary period. Whereas the Cold-War inspired, limited-access historical literature of the West produced during this period tended to be overwhelmingly pessimistic, many foreign doctors coming out of Russia praised the universal, free system of healthcare socialism provided, which was complemented by strongly centralized oversight that prevented the evils of Western market capitalism from transforming public health into a commodity available only to the privileged; a short glance at the work left behind by the most famous of these doctors, Henry Sigerist, is enough to prove this point.[135] It is also necessary, when reading through Rickman's narrative, to recognize a tendency to the exaggeration of certain details. However, if his word is taken on principle and given merit as a valuable first-person perspective of Russia's village life and of the medical care people received there, Rickman has provided us with an extremely useful illustration by which we might understand the emotional/paternalistic dichotomy that existed between him and his patients and that likely characterized the interactions of other Russian doctors with victims of the plague.

Sometimes the shared responses to emotion, situational immediacy, and local expectation allowed for very quick, cursory deviations from the assumptions of the regimen; at other times these deviations became ingrained in the psychology of Russian medical personnel to such an extent as to fundamentally alter all subsequent interactions with both the healthy and the sick. Shchusev, for example, laid out an extremely strict set of guidelines on how doctors and medical

[135] See, for example, Henry E. Sigerist, *Medicine and Health in the Soviet Union* (New York: The Citadel Press, 1947).

assistants were meant to keep their bodies and belongings decontaminated in areas at risk of plague contamination. Clothes were to be thoroughly washed, and any materials believed to have come into contact with the bacillus were to be immediately incinerated. But the effects of his proposed regimen were not always consistently executed. In *The Shortest Handbook*, Shchusev recommended the purchase of a (relatively cheap) prophylactic uniform for all personnel working in plague regions who were capable of affording it.

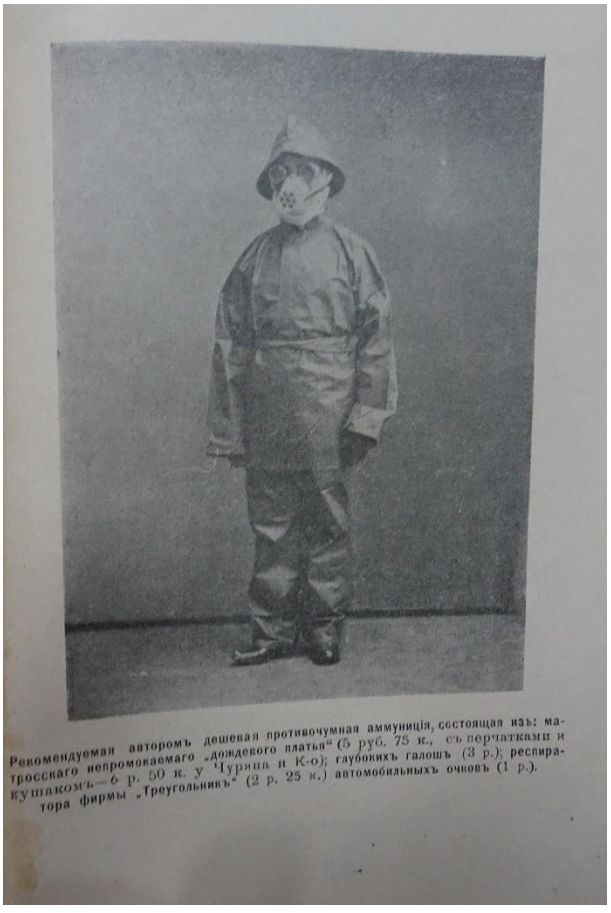

Figure 6, A Cheap Anti-Plague Uniform Recommended by the Author, from Shchusev, *The Shortest Handbook.*

The reality in many plague hospitals and quarantine stations, however, was these admonitions were foregone before they were ever put into effect; very often they were overlooked or outright ignored in the interest of other extraneous factors – expediency, the desire to be close to patients, a need for precision in sight and movement in the operation of medical duties, anything and

everything that deviated from regimented behavior, whether it be in the interests of practicality or the result of other, more personalizing forces.

Figure 7, Inside the Plague Barracks.

The unfolding of circumstances in the villages and towns during times of plague naturally led to a concomitant sequence of psychological reconfigurations; the pressure of the doctor's emotive impulse, his or her developing attachment to his patients, which applied another subconscious motivating force on his or her psyche, stood in contraposition to the force of the medicalized regimen, thereby creating something of a dialectical antagonism in thought and action. No doctor, no nurse, no medical assistant, it seems, could escape the contradictory mentality these forces imposed on their ability to carry out their duties. Performance, therefore, itself predicated on a variety of internalized and personal reactions, culminated in a set of *ad hoc* activities unbounded by the regulations imposed by all of the expectations the regimen would have anticipated – professionalism, detachment from patients on the grounds of respectability

and class status, the maintenance of personal hygiene and moral purity, and so on. In its place, the

Figure 8, Dissection of Plague Corpses by Members of the Russian Scientific Expedition. Note that some of the doctors and their assistants do not wear masks.

emotive response, the tendency to love, feeling, shared senses of companionship and suffering, and the paternalistic concern all exercised their influence.

Not only in Rickman's case but also in that of Wu and Shchusev as well did there exist a desire to generate bonds of attachment and an appreciation for the spread of good-will and humanitarianism. Though most of Wu's autobiography consists of a more or less first-hand, detached account of his own life and the history of the plague in China, his concluding chapter left readers with the doctor's earnest judgement of how a person could achieve happiness in old age. After reflecting on the long life of the American business magnate, John D. Rockefeller, Wu observed that Rockefeller was able to maintain such longevity because he had lived the latter

portion of his life for the "welfare of mankind", had used his enormous personal fortune to donate to charitable causes, had set up his famous Rockefeller foundation to cultivate the development of the sciences and humanities, and had been "content to live on sour milk and to make a habit of distributing nickel dimes among his grandchildren and stray kiddies whom he happened to meet."[136] Living long and being satisfied for Wu was directly tied to the experiences one shared with other people, and the capacity for intelligent discussion and a shared sense of connectivity of which on human beings were capable. Wu closed his book with advice on how to achieve this: "It seems to be the fashion of those who have reached a mature age to give advice on the best way of attaining that blessedness. To me, mere longevity is not much comfort, unless it be accompanied by good health and the chance of sharing in some way the pleasures of intelligent life with fellow-creatures – of course in a relative way. Mere existence, however well-tolerated, is no pleasure, if one cannot use one's mental faculties or cannot reciprocate in friendship and affection."[137]

Shchusev opened his narrative, *Correct Instructions on the Plague* with a section entitled "To the Readers" in much the same vein one would expect of a person who had experienced such closeness to his patients:

> More than a person's life, more than a person's study, it is more important to start to appreciate one's life and the life of others. A long time ago, when people were rude and uneducated, they often killed each other in war and also for fun; the life and unhappiness of one was very dangerous for another. A person didn't know or understand that by caring about oneself they could bring benefit to others. This meaning is more clearly confirmed in the fight of the person with diseases, which take away from him time, or eternity, health, happiness, and even life. The sick person turns into a thinking thing; about which others must care for.[138]

[136] Wu Lien-Teh, *Plague Fighter: The Autobiography of a Modern Chinese Physician* (Cambridge: W. Heffer & Sons Ltd., 1959), 615.
[137] Wu, *Plague Fighter*, 638.
[138] Petr Shchusev, *Pravil'nyia Poniatiia*, 12-13.

The health of the individual, especially in times of plague or other seriously infectious diseases, directly correlated to the health of the community – much in the same vein as the nomadic way of life Kirilov discussed. Diseases take away not just health or life but also "happiness"; the sick person is transformed into a subject of philosophical speculation, capable of reflection grounded in community, togetherness, love and compassion. He or she realizes that, while care for the self "could bring benefit to others", reciprocal destruction of the self brings with it the potential for destruction of the collective. The psychology that Shchusev here has adumbrated reflected the force of interpersonal relationship, the significance of local ties, family, brotherliness, Rickman's communal "one of us" sensibility that existed so strongly in the villages as to create an inveterate, unbreakable human-to-human network that no person in the community was unaware of the activities or feelings of any other, and that cultivated the 'pull' of another force leading to submission to the group."[139] This force, which Rickman believed was destroyed by the fast living and independence cultivated by city life, inculcated in people a gleaming sense of friendliness – love, we might say – that served as a force of innate, human attraction between the doctor and the patient, the doctor and the community, and the individual and the collective.

The forces of love and emotional communality must have set in fast, because Shchusev felt the need to warn even newly arriving medical assistants of the dangers that too close an association with the sick posed for their health. The final point made in *The Shortest Handbook,* when read at the most perfunctory level, is concerned with proper personnel rotation and the permissible nighttime activities of medical staff, "Caregivers, no matter how great their love or zeal, are obliged to alternate and are in no manner to overnight in the rooms of the ill, in order to

[139] Gorer and Rickman, *The People of Great Russia*, 79.

keep from getting sick."[140] Perhaps this is also an attempt to regulate bereavement? The caregivers feel "love" and "zeal" for those suffering throughout the night right in front of them. They are required not to spend the night in the same rooms as the infected, to sleep with them, treat and care for them, talk with them, possibly even to cry with them. Without an examination of more personal accounts, such as assistants' narratives or other journals left behind in the aftermath of the plague, we cannot know with certainty exactly what went on behind the closed doors of the quarantine stations and the rooms filled with the sick. It is not unreasonable to surmise, however, a connection between medical staff, and perhaps even the doctor, and patient developed, one which transcended the bounds of the social hierarchy and stood defiantly opposed to professional indifference.

In this regard, Shchusev's prose is strengthened through symbolic appellation. The word he uses to refer to quarantine attendants – *Ukhazhivaiushchim* – which in English more directly translates to "caregivers", in Russian carries with it a subtle double entendre. The word is a modified form of the verb *ukhazhivat*, which literally denoted can mean either to tend to someone, to look after, or to court them. In the English lexicon there exists a very specific denotive separation between the concepts of "courting", which exists only between lovers, and "caring", which can take on a number of connotations given the context but in reference to Shchusev's text most sensibly translates to "caretaker", as in a doctor who "tends to" and cares for the sick. But in the Russian linguistic understanding of this word, the distinction between the strict provision of medical care and the expression of love, tenderness, and concern is not as strong, and just as this word carries with it a nuanced double meaning, so too these Russian doctors and medical assistants carried with them a double identity. The medical responders

[140] Petr Shchusev, *Kratchaishee rukovodstvo dlia pomoshchnikov vrachei I sluzhashchago personala protivochumnykh otriadov* (Vladivostok: Tipografiia Gazety "Dalenaia Okrana", 1911), 21.

operated in a particular philological milieu such that both within themselves and as manifest in their carefully adjudicated activities of "caretaking" there was no clear line separating care of the body as an empirical, scientifically defined object of performance and care of the individual, his soul, and the emotional/psychological forces that forged a relationship between him and his healer. This particular language of caretaking itself reinforced the contradictions that formed and modulated the relationship between doctor and patient. It weakened the barriers erected by orthodox Russian Orientalism, the growing self-consciousness and autonomy of the late-imperial professional caste of physicians, the precisely mapped out and choreographed activity demanded by the regimen by supplementing them with a naturalized relationship; the motivational elements, along with the underlying behaviors they inspired, which cumulatively added up to this relationship were individual strands of a mosaic of forces that could connect the doctor to the rational, often times quite presumptuous, assumptions of Western medicine, to the purity of body and activity conditioned by the framework of the medicalized regimen, to his or her own constantly realigning psychology, which shifted in relation to his or her changing and unpredictable circumstances and the need for immediate decision as well as to the community, and the personal connection made with individuals as they became more and more humanized in his or her eyes, or, as in most cases, to some combination of them all.

These revelations concerning the emotive bonds that existed between doctors and patients call into question the relatively static conclusions that some orthodox history has drawn between the Russian empire and its attitude towards peoples of the 'East'. The maturation of our understanding of how Orientalism has been employed by some Western scholars as a methodology to discuss the rest of the world has led to important observations concerning the European tendency to *create* Western knowledge about the East rather than attempt to *receive*

that knowledge impartially. [141] However, Said's now intensely popular account of the 'Orient' has come under some criticism. In particular, in *Orientalism* Said focused almost exclusively on the hegemony of the colonial West, and the portrait of the Orient thereby created was manifested with relative ease and in the absence of any form of reciprocated antagonism either from the Orient itself or from those narratives that approached the Orient from positions of respect and admiration.[142] From the nineteenth-century there was a genuine attempt on the part of some scholars to rigorously investigate and write about cultures that were very far removed from the standard of Western pedagogies or from the historical continuity of these authors' own European origins. It was, as historian Bernard Lewis has observed, the desire to understand these so-called "Oriental" cultures in and of themselves, to show respect for their variegated but no less legitimate worldviews and everyday sensibilities, to appreciate the inherent value that came with understanding Oriental cultures on their own merit that impassioned many professional historians and other scholars of this period. The reasons for this were self-evident – that "even the understanding of our own Western civilization is distorted and incomplete unless it is seen in a global and not merely in a regional and parochial context."[143]

Similarly, in some ways Said's argument misjudged diversity of perception, leaving readers with a sense of a strict West-East colonial dichotomy, a monolithic European exceptionalism, and the unidirectional expression of authority over knowledge that transformed the Orient into a European-styled caricature - a consequential and high-minded appraisal, reducing the Oriental other to nothing more than an object to be scrutinized and ultimately

[141] As described by Said, Edward Said, *Orientalism* (New York: Vintage Books, 1979).
[142] See for example, Homi Bhabha, "The Other Question: Difference, Discrimination, and the Discourse of Colonialism" in *Out There: Marginalization and Contemporary Cultures*, ed. Russell Ferguson, et. al. (New York: MIT Press, 1990), 71-89, and Arturo Escobar, *Encountering Development: The Making and Unmaking of the Third World* (Princeton: Princeton University Press, 1995), 11.
[143] Bernard Lewis, "Other People's History", *American Scholar* 59, no. 3 (Summer, 1990), 397-406.

rejected. Homi Bhabha helped to clarify some of Said's more controversial points in his discussion of colonial mimicry, in which the power of representation as it is executed by the European interloper in native affairs takes on a double meaning – an "ambivalence", ultimately, to undermine the extent of that very same authority: "The menace of mimicry is its *double* vision which in disclosing the ambivalence of colonial discourse also disrupts its authority," and, furthermore, that "Mimicry does not merely destroy narcissistic authority through the repetitious slippage of difference and desire..."[144] Mimicry demands a compromise between the conflicting aspirations and representations latent in colonial narrative. If the civilizing mission brings with it and ascribes to its subjects both liberty and slavery, similarities and differences, respect and disdain, high and low opinion, similar ambivalences in attitudes must be expected among colonizers and the colonized.

Russia's position on the inhabitants of the Far East were not, therefore, universally negative, and this fact has not been overlooked by historians of Russian Orientalism.[145] For example, David Schimmelpennick van der Oye has adeptly illustrated the eclectic disposition Russia held towards its eastern neighbors in his influential *Russian Orientalism: Asia in the Russian Mind from Peter the Great to the Emigration*. In regard to East Asia, including China, Korea, and Japan, Schimmelpennick argues that Russian Orientalism was always a mixed bag of opinion.[146] Between the connection late-imperial Russian Oriental sympathizers perceived between Russia's more religiously-oriented sense of morality, Oriental religious exoticism and the conservative voice of Russia's imperial *mission civilisatrice* and colonial destiny, the image of East Asia was far from a settled matter. Certainly the Russian attitude toward the Far East

[144] Homi Bhabha, *The Location of Culture* (London: Routledge, 1994), 88,90.
[145] A topic which has been assiduously researched in Daniel R. Brower and Edward J Lazzerini, *Russia's Orient: Imperial Borderlands and Peoples, 1700-1917* (Bloomington: Indiana University Press, 1997).
[146] David Schimmelpennick van der Oye, *Russian Orientalism: Asia in the Russian Mind from Peter the Great to the Emigration* (New Haven: Yale University Press, 2010), 224-240.

became much more politically conservative after the humiliating events of the Russo-Japanese war in 1905. However, the enthusiasm with which disgruntled revolutionaries, Slavophiles looking for ulterior models for the modernization of Russia other than the European, and the growing cadre of Russian "Asianists" whose writing painted the Far East as a place both magical and close to the Russian heart, and, of course, Russian doctors, envisaged China and the rest of the Oriental world ensured that there was no "one" Oriental discourse which informed all opinion and writing on the subject.

The Circle of Eternity

A most fitting example of this combinatory play of forces upon the actions and emotions of the doctors comes in the person of Doctor Roger Baron Budberg, the most eminent physician from Russia to have responded to the Great Manchurian Plague in China. Mark Gamsa has already provided us with a detailed biography of Budberg, so there is no need to go into the fine details here. However, certain aspects of his personal and professional life demand immediate recognition, as they help to situate the man and his exceptionally complex philosophy on life into the current discussion. Budberg left for China to serve as an admiralty doctor during the 1905 Russo-Japanese War and quickly fell in love with the people and culture. The son of a German nobleman, he proudly trained himself to fluency in the same colloquial Chinese that many of his own countrymen believed was a language fit for only the "stupid, slow, deceitful, cowardly, and dirty, and indeed very ugly" people of the Asian heartlands.[147] In 1907, Budberg, at that time forty years of age, took a fourteen-year-old Chinese orphan to be his wife and set upon his mission of fully integrating himself into the local Chinese society in Harbin. Indeed, Budberg strongly believed in the significance of his German origins – the surname he chose for his

[147] Mark Gamsa, "China as Seen and Imagined by Roger Baron Budberg, a Baltic Physician in Manchuria," in Frank Kraushaar, *Eastwards: Western Views on East Asian Culture* (Berne : Lang, Peter, AG, Internationaler Verlag der Wissenschaften, 2010), 26.

daughter translated to the "Chinese-German Flower" – and in serving as an evocative iconoclast who broke away from and made enemies of many of his more conservative European colleagues. His loyalties absolutely did not lie to Russia or to the tsar. In fact in 1905 Budberg traveled as a part of a medical mission to Petersburg, but upon lodging a complaint against it because of the mismanagement of funds, he was quickly deported to Siberia, where he ultimately migrated back to Manchuria to remain for the rest of his life.[148]

The German doctor's love for his patients was combined with his professional sense of duty and European medical training. As with many of his Russian colleagues, Budberg had an idealized image of the healthy Chinese person, and he sought to employ his knowledge to influence the rhythm of life in the Far East in such a way as to ensure compliance with his own empirical sensibilities. As such, Budberg engaged in the same kind of paternalistic care that was characteristic of the rest of the medical community at work in the Russian Far East and China. As Gamsa points out, even if "The plague put Budberg on a collision course with almost the entire Russian medical community," he still expected the Chinese "to conform to his image of what "the Chinese" should be."[149] Therefore, even if Budberg deviated from that community of professional doctors which promoted the regimen and may have at times looked with scorn at peoples it considered of an inferior stock, he carried out much of his work with the same kind of attitude as these other doctors. The difference was that Budberg believed *China* to possess a superior culture to that of the West, and the somewhat overbearing, know-better advice he imparted to plague patients and other residents in Manchuria was intended to instruct them on how to best modernize China so that it may enter the new age.

[148] Mark Gamsa, "China as Seen and Imagined by Roger Baron Budberg," 27.
[149] Mark Gamsa, "China as Seen and Imagined by Roger Baron Budberg," 30,32.

However, much of his work, and certainly the quality of his character, was indeed motivated by his genuine compassion for Chinese plague victims, whom he periodically witnessed suffer violent deaths. The summary he left behind of his work and experiences dealing with the plague in Harbin, *Images from the Time of the Epidemics of Pneumonic Plague in Manchuria 1910-11 and 1921*, is a testament to his dynamic and highly passionate involvement with the situation. Budberg's descriptions betray hopelessness. The tempo of his colloquy with the reader, the stunning brilliance in which he narrates the decrepit scene of the miserable conditions surrounding him, the unrestrained freedom he employs in using the harshest vocabulary available to him in order to describe Kharbin's wretches, his authorial tendency to insert his own emotional impulse into the text – all of this enables the reader to connect with both the good doctor and his patients at a fundamental level, a level which in many ways stood in contradiction to the cold, medicalized dispositions of many of his colleagues. In his work, Budberg conveys a kind of sympathy, one that permits the connection of heartstrings between the reader and the historical characters of Budberg's narrative.

> Somewhere in a miserable hostel, now such an unhappy person is really affected by the disease. He feels very miserable, violent pain plagues him, an arrogant cat frightens the spot on which he rests. He bites his teeth, struggles with the chills that quiver him. For the landlord or one of the inmates, when he is sick, is ruthlessly pushed on the road to give up his life miserably in any cold corner at 20 degrees, or even more terrible, taken by the pest cart to a foreign hospital, or perhaps to come into the combustion furnace at once. He can never see his friends again, and even from his death, he cannot notify them, for if he himself is able to send persons who can send the messages home, he will not ask them for death for the plague Too shameful; It is as if such a death, sent from heaven, could only be disguised by despicable people. While he is physically and mentally fighting with himself, which causes him great agony, one of the inmates has already noticed his illness; There is no time for him to arrange anything, to convey a last wish: only (to be dispatched) quickly into the cold night. He can scarcely stand on his feet, and yet he has to tighten his final life forces so that the disease cannot be seen. But all efforts do not help him, as a drunkard he loses control over his thrust. Oh, how cold is it, how does it feel? Only the congenital

> tenderness does not break him; He walks from road to road, his bloody discharge takes from him his last hope to stay alive.[150]

One cannot help but pity the doomed man, straggling along from place to place silently praying not to be discovered and transported to a plague hospital, the conditions of which were often more hideous than his private suffering. Indeed, these places were enclosures of psychological horrors in excess of any physical pain the plague might induce. A case in point is Budberg's description of the quarantine rooms. These were places where the sick would roll around on the floor with their clothes over their heads, screaming and banging their heads off of the floor. While they pleaded with the apparitions which appeared in front of them, sanitary personnel would drag out the most delirious persons and replace them with a fresh cadre of plague victims.[151]

There is a hint of genius in Budberg, for not only did he tell a sad story of the plague and its consequences, he also underscored his own philosophy of humankind, the need for unification of peoples from different faiths, and the devastating consequences of religious and other forms of ideological fragmentation. His most effective work outlining this vision is his monograph, "On Life" (*O Zhizni*). Published before his death, *On Life* is a collection of reflections concerning the nature of human relationship, which called for the unification of a multi-ethnic, religiously diversified world populace into a species best exemplified by the principles of omnism, continuity, and eternity.[152]

According to Budberg, space between people, both physical and manufactured, allowed for the rise of dogmatisms in human society. These dogmatisms reinforced the artificial separation of world cultures, peoples, languages, traditions of understanding, which necessarily

[150] Roger Baron Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien in der Mandschurei, 1910-1911 und 1921* (Hanburg, 1923), 50-51.
[151] Budberg, *Bilder aus Der Zeit*, 53-54.
[152] Omnism is a belief in all world religions, without strong predisposition to one or another.

lead to the formation of a state of human nature very much antithetical to its natural predisposition. For Budberg, the expression "the circle of eternity" held awesome power – it allowed individuals to identify themselves outside of their particular cultures, races, religions, ethnic orientations, patriotic prides and citizenships. In every sense the circle of eternity allowed them to move away from artificiality and the even from the process of manufacture itself, that is, from the products of civilized society that permitted differentiation. "On our planet people are used to such a subdivision, feeling life in themselves, they do not feel life around themselves, they do not feel the entire fullness of life, replenishing everything in all that is around them, they do not feel the unity of life, in which they entirely live."[153] Unfortunately, the effect was that "subdivision" had been so normalized as to be accepted by individuals as a natural state. In fact, this supposition was in direct contradiction with the real conditions of the circle of eternity, in which "everything spins, rotates, flies, not having a beginning, an end of its being."[154]

An eternity of inconsistencies, generation upon generation of wrongful indignation and a lack of good judgement, the tendency for detachment, and the corresponding tendency toward misunderstanding, hatred, and war – these were the follies, inherited from the ancestors of humankind, that Budberg saw as the primary catalysts for division in the hearts and minds of all people. Individuality, as it was reinforced by the principles of separation taught by the various world churches and dogmatic institutions, allowed for the development of the destructive ego: "I hope that in you an idea has already been born, that all dogmatic creeds fundamentally are nothing more than the creation of a cult, of the recognition of its own conscious "I", under the cover of every charming halo, such as, for example, love of one's neighbor…"[155] "In the heart of all of these cultures lies the hidden elevation of their own conscious "I". Only in such a

[153] Roger Baron Budberg, *O* Zhizni *(Besedy Akushera)* (China: Kharbin, 1926), 1.
[154] Ibid.
[155] Budberg, *O Zhizni*, 3.

harness did it seem that by the opportunity of the people to reach dominance in all of their rivalries on our planet, in a continuous fight amongst each other."[156]

Unsurprisingly, Budberg believed that an effective solution to this perpetuation of dogmatism - the antithesis of the circle – would be a finer appreciation of the emotions, elicited by a sympathy to and active understanding of foreign peoples: "This is purely a spiritual sensation, given in the first question. These are the feelings, with which you merge into the soul of the universe, and live together as one and indivisible life with it, if even it was not yet necessary for you to live subconsciously."[157] The universe for Budberg was understood as the melting pot, the absolute singularity from which all possible variation or difference in opinion, systems of value, priorities, likes, dislikes – in short, all that which constitutes its metaphysical composition - could be ejected. This is an idea very similar to the concept of the one "substance" of Spinoza's *Ethics*, and one may only postulate on the potential influence the Dutchman may have had on Budberg.

The possibility of such a unification of humankind under the rubric of flawless totality precluded the need for any kind of formalized mechanism of control over the human body or its activity to ensure health and prosperity. In the most perfect scenario, absolute unity itself was a good enough deterrent to disease. Budberg, raised and inculcated in a Catholic family, was able to see elements of this prophylaxis-through-unity in the person of Jesus Christ: "His hobby, on which he exited and invited his followers to exit – it is inactivity in the participation in creativity, such as any disease, that, quite correctly, gives rise to deviations in the normal flow of life, on account of our guilt. Jesus Christ treated without medicine, and truly helped the suffering, who converted to him. This sect did not know any kinds of medications, of diets, active activities to

[156] Budberg, *O Zhizni*, 2-3.
[157] Budberg, *O Zhizni*, 2.

overcome disease. Only prayer could, in the opinion of the founders of this sect, help alleviate these ailments."[158] Only prayer could alleviate ailments. Only the unification of peoples from any and all parts of the Christian world via the practice of a universal gesture of submission and hope was enough to eliminate the threat of malfeasance for good. However, Budberg did not stop there. Having spent the better part of his life in China, ideologies such as Confucianism also played an enormous role in influencing his worldview. For Budberg, a person's religious affiliation was not important. Confucianism, Christianity, Hinduism, Judaism, Islam were all associations intended to generate artificial dissimilitude between the world's people. Eventually complete unification would overcome all variations of belief and practice and render the need for alternative methods of care obsolete. "Inactivity" was the reality of the circle of eternity, putting Budberg's philosophy in direct conflict with the philosophy of the medicalized regimen, which naturally assumed submission of medical subjects through control and regulation of the finest details of their lives. There are few examples in history of a person employing such drastically contradictory reasoning to that of the prevailing paradigm who succeeded in fulfilling his professional responsibilities while bringing compassion, comfort, and love to the people under his care.

[158] Budberg, *O Zhizni*, 44.

Chapter 4. Conclusion

The following remarks either on the regimen or doctors' psychological response to it should not be taken as absolutely conclusive. With the plague came a multitude of reactions – attitudes and opinions on how best to deal with disaster were often interconnected to such an extent that to try to isolate one or another as the predominant operative methodology of Russia's Far Eastern medical personnel would be to obscure a much more complicated scenario. Multiple forces influenced the behaviors and activities of medical professionals, both conservative and interactive, those couched in the normalizing finalities of medical modernity and those which permitted cooperation between expert and commoner, and especially those which pitted the emotionless detachment of medical idealism against the practical struggles and interpersonal relationships doctors and patients formed in their mutual fight against epidemic disease. There existed no one method of action, no universal paradigm of excellence, no common understanding between members of the medical community in the Far East on how to properly relate with the inhabitants there. The obligation was left to the individual.

Take, for example, once more the case of Roger Baron Budberg. There is no doubt that Budberg deeply cared for the victims of the Manchurian Plague, and that at times of greatest tribulation, he shared in their collective anguish. However, his attitudes and written personal accounts must be balanced against what actions he actually took during his time abroad. Budberg, it will be recalled, was a pedophile, and it may have been in part of his marriage to a fourteen year old girl that led to his rejection from the society of Western professional elites. In conjunction with his fascination with a people considered mostly savage by his contemporaries as well as his relocation East, Budberg's sympathies appear at once not entirely free from self-interest. The historian can only probe so far into the actual underlying motives behind the words

and actions of an individual from ancillary accounts and second-hand knowledge. In this situation, I prefer to take the man at his word; it is extremely unlikely that Budberg would have devoted the better part of his genius and life's work as a healer of a people for which he only possessed a perfunctory appreciation. What is more likely is that he, like his colleagues, was operating in a milieu in which a myriad of different influences, personal as well as professional, guided his decision making. For no matter how committed Budberg was to his philosophy of one unified world ideology – and with that the tendency to division the exclusiveness of the world's religions permitted – he was himself subject to the divisive forces which informed the processes of medicine in the Far East.

We again see similar ambiguity in Kirilov's writings. The section of Kirilov's manuscript concerning the contemporary plague and the response to it in China ends rather melodramatically: "*Kak zhe oni zhivut?*," which in English directly translates to "How do they live?"[159] However, the use of the Russian particle "zhe", which has no English equivalent, adds a connotative emphasis to the expression, tantamount to an exclamation in English such as "How can they possibly live like this!" As a strictly literary convention, it adds a deliberate ambiguity to the meaning of the text. It can be taken as a negative, as in, "How can these people live in such a repulsive manner!", or as an outcry, such as "How can these poor people stand such a situation!" This was most certainly the author's intention, and, given the content of the rest of the text, conveys his binary attitude of professional disparagement and moral outrage. In fact, during his professional work in the Far East, Kirilov was a frequent and active advocate for local interests, organizing a large number of peasant congresses up until the 1910 Manchurian

[159] Nikolai V. Kirilov, *Morovaia iazva ili liudskaia chuma na dalnem vostok,* (Tipogr, 1910), 60.

outbreak. For his activism, Kirilov was jailed from 1908-1909, meaning it was unlikely that he was an imperial sympathizer.[160]

In his writings, however, Kirilov is far from unbiased in his appraisal of the peoples of the Far East, the "Chinese" way of life of which he had become intimately familiar, or the particular style by which these people chose to conduct themselves when confronted with plague. After making his way through *Pestilence*, the reader may walk away with a caricatured fancy of the Asian peasant and the foolishness by which he handles his own affairs. From the very beginning his life is put up for judgement and consideration, compared against a European model to which he can never fully aspire. Given his lack of culture, proper education, access to the technologies of modernity and traditional impetus to constructive growth and change, the non-European, non-Russian peasant stands little chance of survival against an enemy which Kirilov believed only modern medicine had the answer for.

How may we reconcile these seemingly equivocal opinions? In what sense did the regimen, and all the assumptions of European medicalized modernity that came followed behind it, drive the activities of Russia's doctors and medical assistants as well as the changes in the way of life for the people of the Far East? In the first place, the regimen was required to articulate with different and at times conflicting interests, both ideological and practical, wherever it sought to take root. There was no way for medical personnel to completely control and readjust the regular flow of activity in the Far East (such totalitarian designs are never fully realized even when they are held by the highest organs of power), especially given the brevity of their visit there and the relatively unassuming position on which most doctors found themselves in the

[160] Information concerning Kirilov's revolutionary past can be found in the *Entsiklopediia Zabaikal'ia*, *Kirilov, N.V.*

Russian social hierarchy.[161] Sometimes, one particular thread of Russian Orientalism may have overpowered the dominant position of the regimen in the doctor's credo. At other times economic factors, the intransigence of local authorities, or conflicting imperial objectives similarly destroyed the totality of the medicalization of the Far Eastern way of life. Still at others, disagreements between doctors themselves could lead to tension.[162]

In the second place, the physicians and other medical assistants who made their way to the strange lands of the Far East to help mitigate the spread of infection were not themselves immune either from the plague or of the parochial fealties of which they often became a part. The very real emotion of the situation struck at their very humanity, and one of the natural consequences was the development of bonds transcending the doctor-patient boundary. The fact that the plague struck everyone, that no person, regardless of their birth or occupation, was safe from the horrors of the disease was doubly effective at bringing people of all walks of life closer together. In this way we should understand the plague in some respects as operating transnationally: the epidemic, at its height, touched every continent on the globe, it affected people of every ethnicity and made no reservations about killing based on class status, and its devastation brought people together for a common purpose – certainly the spread of the disease did not respect national boundaries. The ubiquitous reach of epidemic disease, then, demanded an equally ubiquitous response, and what the Russian doctor was left with was not only a more nuanced understanding of disease pathology, but a finer respect and appreciation for the lives touched by his decisions, and whose friendships and well-being certainly touched his own.

[161] And we must remember that during the plague, these organs of power were the doctors themselves and the decisions they made.

[162] Such as the imbroglio between Wu Lien-Teh and the French epidemiologist, Dr. Mesny, who had once insulted Wu because of his ethnic origins. Wu recounts this encounter in *Plague Fighter*.

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